



Helping Families Initiative
Morgan County Courthouse
302 Lee Street, N.E.
POB 1727
Decatur, Alabama 35602

SCOTT ANDERSON
DISTRICT ATTORNEY
8TH JUDICIAL CIRCUIT OF ALABAMA
MORGAN COUNTY

Rebecca L. Bearden
Director

Office (256) 351-4610
Cellular (256) 556-0079

beckybearden@hfiAlabama.com
www.morgancountyda.com

REFERRAL FORM

Date: _____

Please email this form and the complete student profile/info to: beckybearden@hfiAlabama.com.

Student's Name: _____

Student's School: _____ Student ID#: _____

Student's Date of Birth: ____/____/____ Male Female Grade: _____ Age: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Home/Alternate Phone(s): _____ Cell Phone(s): _____

Home Address: _____

City: _____ State: AL Zip: _____

REASON FOR REFERRAL: Behavior Truancy DHR/Safety Plan MDT Other _____

Does this student have an IEP and/or 504? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check all that apply) <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Mental/Emotional Issue(s) <input type="checkbox"/> Vision Impaired <input type="checkbox"/> 504 <input type="checkbox"/> Other Health Impairment: _____
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Indicate Intervention(s) already attempted by school and outcome(s) (Parent Contact, etc.):
(USE ADDITIONAL SHEETS IF NECESSARY)

Description of Presenting Problem (USE ADDITIONAL SHEETS IF NECESSARY)

Person Making Referral: _____ Contact Number: _____

Occupation: _____

Rcd. _____



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