

# LEE'S SUMMIT EDUCATIONAL FOUNDATION HELPING HANDS FUND REFERRAL FORM

FAMILY INFORMATION			
FAMILY NAME	PHONE	ALTERNATE PHONE OR EMAIL	
PARENT/GUARDIAN NAMES			
ADDRESS		HOMELESS Y N	
STUDENT NAME(S) LIST ALL CHILDREN ENROLLED IN LSR7	STUDENT ID #	GRADE	SCHOOL
NEED AND PROPOSED USE OF FUNDS			
AMOUNT REQUESTED		CHECK	
PAYABLE To <i>(Check will not be given to individual)</i>			
PAYEE ADDRESS/ Contact info			
DUE DATE		SPECIAL INSTRUCTIONS	
Please describe the family's/student's specific need. Include information related to the emergency nature of the need and the unique family situation.			
AGENCIES AND COMMUNITY RESOURCES PREVIOUSLY CONTACTED TO MEET NEED			
AGENCY AND CONTACT PERSON	DATE	RESULT (NOTE RESOURCES COMMITTED, IF ANY)	
REQUESTOR AND SCHOOL REVIEW TEAM (Ed. Therapist)			
DATE OF REQUEST	SCHOOL CONTACT	ROLE	PHONE AND EMAIL
COORDINATION OF FAMILY REQUEST			
Verification that team has checked Powerschool for siblings and has contacted building administrators to coordinate a single request for family. Refer to family information below.			
RESPONSIBLE TEAM MEMBER	SCHOOLS CONTACTED AND PERSON	OTHER OUTSTANDING REQUEST (Y OR N)	DUPLICATE REQUESTS COORDINATED BY:
APPROVAL SIGNATURES (PRINT, SIGN AND FORWARD TO APPROPRIATE OFFICE FOR SIGNATURES)			
ED. THERAPIST		DATE	
EXECUTIVE DIRECTOR OF STUDENT SUPPORT (OR DESIGNEE)		DATE	
FOUNDATION EXECUTIVE DIRECTOR (OR DESIGNEE)		DATE	