

Franklin Community Center, Inc.  
PROJECT LIFT REFERRAL

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
PARENT'S NAMES \_\_\_\_\_  
GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

REASON FOR REFERRAL:

IN WHAT WAY DO YOU THINK OUR PROGRAM CAN AID THE FAMILY?

IN WHAT AREAS CAN THE CHILD BENEFIT? (PARTICULAR STRENGTHS OR WEAKNESSES)

ADDITIONAL COMMENTS:

SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_

PLEASE CALL **Jaime Williams @ 587-9826** WITH ANY QUESTIONS. PLACE COMPLETED FORM IN THE PROJECT LIFT MAILBOX. THANK YOU.