



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 **Lori Beer @ 587-9826** WITH ANY QUESTIONS.
PLACE YOUR COMPLETED FORM IN THE PROJECT LIFT MAILBOX OR EMAIL TO
LORI@FRANKLINCOMMUNITYCENTER.ORG. THANK YOU.