



Wilson School District School-Based Referral Form

Date: _____

Referred By: _____

Reason for Referral: _____

Student's Information

Name: _____ Age: _____ Sex: _____

School: _____ Grade: _____ SS #: _____

Address: _____

Contact Person: _____ Relationship to Child: _____

Phone Number: _____ Email: _____

Signature: _____ Date Signed: _____

Students 14 years of age and older must sign for themselves. Student's under the age of 14 must have a signature from their parent or legal guardian. If unable to obtain signature, verbal approval can be accepted. Please indicate this above and include the date it was received.

Please send all referral forms to Kailey Esterly at Kesterly@empowermentbh.com

Disclaimer: This document is providing Wilson School District permission to share the above information with Empowerment Behavioral Health for intake purposes ONLY. No other information is to be shared between Wilson School District and Empowerment Behavioral Health without additional consent.