N Ky
COMMUNITY CARE

Date: _____

School: _____

School Based Service Request Form

Name of Student: _____ DOB: _____ SSN: _____
(Must be legal name of child)

Address: _____

Parent/Guardian Name(s): _____
(Proof of guardianship will need to be shown with court documents for child(ren) who are in the care of someone other than the biological parent)

Phone Number(s): _____

Teacher/Room Number: _____ Grade: _____

(Please circle insurance type. It is possible to have both private insurance and Medicaid/KCHIP at the same time)
Insurance Type: Medicaid/KCHIP Private Insurance No Insurance

Concerns/Problems: _____

Goals for Treatment: _____

Referred By: _____

Best Time to Pull Child out of Class for Therapy: _____

_____ *Parent/Guardian has been notified of referral and would like therapist to call.*

NorthKey Community Care
School-Based Services
7459 Burlington Pike
Florence, KY 41042-1553
(859) 282-6585
(859) 282-0532 (FAX)

To be filed in: School Based Information / Referral Source Report
Scanned: _____ *ISR:* _____ *INTAKE:* _____