Tri-County Behavioral Care
DENVILLE HACKETTSTOWN SPARTA
973-691-3030 — tcbllc.org

SCHOOL DISTRICT REFERRAL FORM

Name of Student	
DOB	
Referring School	
Referring District	
School Address	
Phone	
Fax	
Name & Title of Person Making Referral	
Email and/or Fax to Send Completed Assessment:	

☐**School Clearance Assessment** ☐**Substance Evaluation & Treatment**

Reason for Referral: Please include all pertinent information regarding student's substance use and any written material by student and reports by staff regarding the incident. Include date and time incident occurred:

History & Additional Information: (including any changes in behavior, academic performance, family, dynamics, agencies involved with student/family, known mental health or substance abuse concerns in the past, past school clearance assessments):

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Signature of Referring Person DATE

Upon Completion fax or e-mail to the office where student will be evaluated
SPARTA 973-512-3437 – DENVILLE 862-244-9979 – HACKETTSTOWN 908-441-2898
EMAIL: intake@tcbllc.org