

# OpenDoors of Asheville Student/Family Referral Form



## Criteria for Selection

OpenDoors of Asheville will use the following questions to determine eligibility for the referred student:

- Is the student performing to their academic potential?
- Is the student performing one or more years below grade level?
- Has the student, within the last three years, lived in public housing, lived in fragile or substandard housing, been “doubled-up” or classified as homeless? (including McKinney-Vento designation).
- Can the student be easily accessed by OpenDoors’ existing network of support at school and/or at home?  
*If yes, does the student have a qualified potential TeamLeader?*
- Are the student and caregiver willing to give permission and/or participate in activities that may be outside of their peer or cultural norm?

## Referring Person/Agency Information

Referring Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name(if different from above): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

**Reason(s) for Referral (Check all that apply):**

<input type="checkbox"/> Academic Skill Assessment <input type="checkbox"/> College Prep <input type="checkbox"/> EC Advocacy <input type="checkbox"/> Enrichment <ul style="list-style-type: none"> <li><input type="checkbox"/> After School</li> <li><input type="checkbox"/> Summer</li> </ul> <input type="checkbox"/> Tutoring <ul style="list-style-type: none"> <li><input type="checkbox"/> Orton-Gillingham or Dyslexia</li> <li><input type="checkbox"/> Subject Specific</li> </ul>	<input type="checkbox"/> Family Resources <ul style="list-style-type: none"> <li><input type="checkbox"/> Health &amp; Nutrition</li> <li><input type="checkbox"/> Housing</li> <li><input type="checkbox"/> Transportation</li> </ul> <input type="checkbox"/> Internships/Employability Skills <input type="checkbox"/> Mentorship (Near-Peer) <input type="checkbox"/> Private/Independent School Tuition Support <input type="checkbox"/> Transportation to School/Activities
--	--

**Disclaimer**

OpenDoors of Asheville’s mission is to *break the cycle of poverty through education, one child at a time*. We understand that critical resources like a stable living situation and quality food, are essential foundations for enhancing a student’s ability to fully access an education. For families already participating in our educational programming, we aim to provide these resources or similar supports whenever possible. As such, OpenDoors of Asheville is primarily an education-based organization, only able to offer as-needed, temporary/emergency relief for families already engaged in our focal services. If the referred is currently in crisis, (housing, mental health, transportation, nutritional needs, health care concerns, etc.), please dial 211 to find other organizations providing immediate resource assistance.

A referral to OpenDoors of Asheville is not a guarantee of services. We require a meeting with the family and perform a review of background information, (student grades, housing situation, etc.), before making a final decision as to the best course of action for educational support and intervention. This process may take several weeks or longer depending on current caseloads, the cooperation of agencies concerning information requests, and availability of staff and the referred's schedules. We aim to provide a depth of high-quality services to our clients and acknowledge that sometimes what is best for a family may be outside the scope of our programs. A decision not to intake a student or family may involve a referral to outside sources or a recommendation for higher-level services.

Please sign below to indicate that you understand and agree to the above statement.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**For Staff Use Only**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Intake Approved (Y or N): \_\_\_\_\_

Date Referral Notified of Decision: \_\_\_\_\_

If no, name of primary agency referred out to: \_\_\_\_\_