

School and Residential Facility Communication Contacts



Use the template below to identify school and facility contacts for youth residing in the residential treatment facility.

School District Name:	Facility Provider Name:
General Points of Contact	
<p>Who is the Point of Contact at the District Level for Youth in ICF?</p> <p>Name:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</p> <p style="text-align: center;">Cell Landline Text Preferred</p>	<p>Who is the Point of Contact for the Facility Provider?</p> <p>Name:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</p> <p style="text-align: center;">Cell Landline Text Preferred</p>
<p>What issues or information should be directed to this person?</p>	<p>What issues or information should be directed to this person?</p>

YOUTH or STUDENT NAME:	
School Building Name:	Residential Home Name:
Address: General Phone Number:	Address: General Phone Number:
Who is the Point of Contact at this School Building for Youth in the ICF? Name: Title: Email: Phone: Cell Landline Text Preferred	Who is the General Point of Contact at the Residential Home? Name: Title: Email: Phone: Cell Landline Text Preferred
What issues or information should be directed to this person?	What issues or information should be directed to this person?
Classroom Or Program:	Specific Point Of Contact In The Home For Youth
Who is the Point of Contact at the Classroom/Program level for this Youth? Name: Title: Email: Phone: Cell Landline Text Preferred	Who is the Manager at the Residential Home/ICF? Name: Title: Email: Phone: Same as General Point of Contact Above Cell Landline Text Preferred
What issues or information should be directed to this person?	What issues or information should be directed to this person?

Transportation School	Transportation Residential
<p>Who is the school Point of Contact for transportation services for the identified youth related to the daily transportation services?</p> <p>Name:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</p> <p>Cell Landline Text Preferred</p>	<p>Who is the facility Point of Contact for transportation for the identified youth related to the daily transportation services?</p> <p>Name:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</p> <p>Cell Landline Text Preferred</p>
<p>What issues or information should be directed to this person?</p>	<p>What issues or information should be directed to this person?</p>
Medical/Health/Nursing School	Medical/Health/Nursing Residential
<p>What:</p> <p>Name:</p> <p>Email:</p> <p>Phone:</p> <p>Cell Landline Text Preferred</p>	<p>What:</p> <p>Name:</p> <p>Email:</p> <p>Phone:</p> <p>Cell Landline Text Preferred</p>
<p>What issues or information should be directed to this person?</p>	<p>What issues or information should be directed to this person?</p>

Other	Other
What: Name: Email: Phone: Cell Landline Text Preferred	What: Name: Email: Phone: Cell Landline Text Preferred
What issues or information should be directed to this person?	What issues or information should be directed to this person?
Other	Other
What: Name: Email: Phone: Cell Landline Text Preferred	What: Name: Email: Phone: Cell Landline Text Preferred
What issues or information should be directed to this person?	What issues or information should be directed to this person?