**SAMPLE FAX BACK FORM**

Date: 01/01/2016

To: School personnel

From: MH Provider Agency

Re: Student Name and Student ID#

Dear Sir/Madam:

We are in receipt of your referral of the above named student. Per our agreement, we will make every effort to contact the parent/guardian of this student within 72 hours of receipt in order to schedule the intake appointment. We will provide you with a status update when the initial intake is scheduled.

Thank you for the opportunity to serve this student.

Sincerely,

Agency Referral Manager