



LUZERNE INTERMEDIATE UNIT

ELECT Program Referral for Services

(Complete as much information as possible)

Date: _____

Student Name: _____

M / F (circle)

District / School Attending: _____

Current Grade Level: _____

Current Address: _____

Current Phone: _____

Pregnant / Parent (circle)

Individual Sending the Referral: _____

Agency / School: _____

Phone: _____

Please email, fax, or mail this referral to:

iconway@liu18.org

fax: (570)287-5721

ELECT Program
Luzerne Intermediate Unit 18
368 Tioga Avenue
Kingston, PA 18704