

Families First-NC, Inc. Referral Form

Strengthening Families

Please fax referrals to Larry Jones at 704-630-9930 or email them to [ljones@families-1st.org](mailto:ljones@families-1st.org)

Referral Source

|  |  |
| --- | --- |
| Name: |  |
| Agency: |  |
| Email: |  |
| Phone Number(s): |  |

Family Information

|  |  |
| --- | --- |
| Parent Name(s): |  |
| Address: |  |
| Phone Number(s): |  |
| Primary Language: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: | Date Of Birth | DSS involvement ? | DJJ involvement ? |
|  |  | Yes No  k | Yes No |
|  |  | Yes No | Yes No |
|  |  | Yes No | Yes No |
|  |  | Yes No | Yes No |

|  |  |
| --- | --- |
| Please indicate desired program | |
| Strengthening Families (0-3) |  |
| Strengthening Families (3-5) |  |
| Strengthening Families (6-11) |  |
| Strengthening Families (12-17) |  |
| Strengthening Families – In Home |  |

Staff Information *(office use only)*

|  |  |
| --- | --- |
| Person taking referral: |  |
| Date referral was taken: |  |