

Elkhart and St. Joseph Counties Head Start Consortium
245 North Lombardy Drive, Suite A, South Bend, IN 46619

Family Services Referral Form

Parent: _____ Date: _____

Child: _____ Site: _____ Session: _____

Family Address: _____ Phone Number(s): _____

FACS: _____

This form identifies to Head Start's community partners/staff a possible need the family has that can be fulfilled by our partner agencies. Please review the information below and contact the family. A Family and Community Specialist has already discussed the need for further evaluation and/or services with the family. This form, completed by Head Start staff, is intended to inform the parent(s) of the referral and provides permission to refer the family and/or child for services.

Family Service / Issue Identified for Assistance for:

Entered in ChildPlus/PIR (Initial): _____

Emergency Intervention: Food Clothing Shelter Other: _____

Housing Assistance: Subsidies Utilities Repairs Other: _____

Transportation Assistance: Subsidizing Public Transportation Other: _____
 Family Services Child Services Other: _____

Educational Assistance: English as Second Language (ESL) Adult Education Denver II Activities
 GED Preparation Financial Aid College Enrollment

Employment Assistance: Job Training Placement Services Other: _____

Substance Abuse: Prevention Services Treatment Services Tobacco Cessation Other: _____

Child Abuse & Neglect: Prevention Services Treatment Services Other: _____

Family based services: Domestic Violence Services Child Support Assistance
 Health Education Assistance to families of incarcerated individuals
 Parenting Education Marriage Education STEP Triple P
 Other: _____

Immunization, Medical, Dental Information: Follow up ____ Referrals ____ Other _____

Health Insurance: _____

For Mental Health Manager purposes only:

Mental Health Services: Family Services Child Services Other: _____

Additional Assistance for Child needed in following area(s) identified by preliminary screening:

Behavior Hearing Vision Dental DENVER II

Social/Emotional Physical Development Other: _____

The parent signature on this form is acknowledgement of receipt and authorization to provide additional services. If there are questions or concerns, please contact the Family and Community Specialist at Head Start.

Parent Signature

Date

Head Start Staff Signature