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:			Session:
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 Ider	ntified for Assistance for:	Entered in Chil	dPlus/PIR (Initial)
Emergency Intervention :		Clothing	□ Other:
Housing Assistance:	□ Subsidies □	Utilities Repairs	□ Other:
Transportation Assistance	Subsidizing Public Tran Family Services	sportation Child Services Other: Other:	
Educational Assistance:	□ English as Second Lang□ GED Preparation □	uage (ESL) Financial Aid College I	
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 □ Parent Curriculum: □ Triple P □ Conscious Discipline □ Love & Logic □ Other: 		
Immunization, Medical, Dental Information: Follow up Referrals Other Health Insurance: Referrals Other			
For Mental Health Manager purposes only: Other Assistance for child needed in following areas:			
□ Family Services □ Bel □ Child Services □ Soc □ Other:	havior	☐ Special Education☐ Vision☐ DEN	Observation Request Physical Development
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.			

White: Childs file Yellow: Head Start Manager Pink: Parent Revised 4/1/24

Parent Signature: _____ Date: ____ HS Staff Signature: ____