Have you submitted a referral episode tracking form in Qualtrics to document this referral? ☐ Yes ☐ No

Have you completed a Protective Factor Survey with the Family? ☐ Yes ☐ No

| **Referral Agency:** | |  | | | | **Date of Referral:** | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Name:** | |  | | | | | | |
| **Address:** | |  | | | | | | |
| **Phone Number:** | |  | | | | | | |
| **Email address for family:** | | | |  | | | | |
| **Race:** |  | | | | | **Ethnicity:** |  | |
| **How many people live in the household?** | | | | |  | | | |
| **Name of Children in the home and their birthdates:** | | | | | |  | | |
| **Preferred language:** | | |  | | | | | |
| **How can we help?** | | | | | | | | |
|  | | | | | | | | |

| **Family Needs:** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | ☐ | Education |  | ☐ | Food Assistance | |  |
|  | ☐ | Physical Health |  | ☐ | Housing | |  |
|  | ☐ | Transportation |  | ☐ | Substance Abuse | |  |
|  | ☐ | Employment |  | ☐ | Supportive Relationship | |  |
|  | ☐ | Mental Health |  | ☐ | Finances | |  |
|  | ☐ | Legal |  | ☐ | Job Skills | |  |
|  | ☐ | Child Care |  | ☐ | Parenting Skills | |  |
|  | ☐ | Dental |  | ☐ | Other: |  | |

| **Current Assistance Enrolled In:** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ☐ | Medicaid |  | ☐ | Housing (Voucher/Section 8) | |  | ☐ | Unemployment |
|  | ☐ | Food Stamps/Snap |  | ☐ | WIC | |  | ☐ | SSI/SSDI |
|  | ☐ | Dependent Children/TANF |  | ☐ | Other: |  | | | |