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: |   |