

**Referral Form**

All referred families will be engaged for Family Resource Center services and activities. Families referred for home visitation will be assessed for eligibility.

Referral Source Information	
FRC Site*:	Date Referred: / /
Your name & position:	Agency/Organization:
Address:	Office #:
City and Zip Code:	Fax #:
Date parent was notified of referral: / /	If not, why:
*See list of Family Resource Center sites on reverse side.	

Family Information		
Primary Caregiver:	DOB:	SS#:
Address:		
City:	Zip Code:	
Phone #1:	Phone #2:	Phone #3 (work):
Fluent in English? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No If not, specify language needed to receive services (select one):		
<input type="checkbox"/> <sub>1</sub> Spanish <input type="checkbox"/> <sub>2</sub> Hmong <input type="checkbox"/> <sub>3</sub> Russian <input type="checkbox"/> <sub>4</sub> Other:		
Mother pregnant? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	1 <sup>st</sup> Time Mom? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	
Infant DOB or due date: / /	Name of infant:	

**Referral Information and Family Needs:**

Family Strengths:	Identified Needs:
<input type="checkbox"/> Presence of community supports	<input type="checkbox"/> <sub>1</sub> Advocacy
<input type="checkbox"/> Positive family relations	<input type="checkbox"/> <sub>2</sub> Adult Education
<input type="checkbox"/> Appropriate child development	<input type="checkbox"/> <sub>3</sub> Child Care
<input type="checkbox"/> Interest in child's education	<input type="checkbox"/> <sub>4</sub> Child Education
<input type="checkbox"/> Employed	<input type="checkbox"/> <sub>5</sub> Counseling
<input type="checkbox"/> Stable income	<input type="checkbox"/> <sub>6</sub> Domestic Violence
<input type="checkbox"/> Stable Housing	<input type="checkbox"/> <sub>7</sub> Employment
<input type="checkbox"/> Adequate food resources	<input type="checkbox"/> <sub>8</sub> Family Recreation Activities
<input type="checkbox"/> Access to transportation	<input type="checkbox"/> <sub>9</sub> Financial/Other Public Assist.
<input type="checkbox"/> Access to health services	<input type="checkbox"/> <sub>10</sub> Food/Nutrition
<input type="checkbox"/> Adequate child care	<input type="checkbox"/> <sub>11</sub> Health Insurance
<input type="checkbox"/> Other:	<input type="checkbox"/> <sub>12</sub> Housing/Shelter
	<input type="checkbox"/> <sub>13</sub> Isolated/No Supports
	<input type="checkbox"/> <sub>14</sub> Language Barriers
	<input type="checkbox"/> <sub>15</sub> Legal Assistance
	<input type="checkbox"/> <sub>16</sub> Medical Access
	<input type="checkbox"/> <sub>17</sub> Mental/Physical Disability
	<input type="checkbox"/> <sub>18</sub> Parenting Skills
	<input type="checkbox"/> <sub>19</sub> Pregnancy/Prenatal Care
	<input type="checkbox"/> <sub>20</sub> Substance Abuse (AOD)
	<input type="checkbox"/> <sub>21</sub> Teen Resources
	<input type="checkbox"/> <sub>22</sub> Transportation
	<input type="checkbox"/> <sub>23</sub> Other _____

<b>BBCR STAFF ONLY:</b>	Date referral received: / /	Received by Staff:
	Date referral source notified: / /	Family ID:
	Referred to Service Type: <input type="checkbox"/> B&B HV <input type="checkbox"/> FRC <input type="checkbox"/> Other:	

**Please FAX or EMAIL Form and/or Telephone one of the following sites:**

Birth & Beyond Community Response Telephone, FAX, Locations, and Zip Codes Served			
La Familia Counseling Center 5523 34 <sup>th</sup> Street Sacramento, CA 95820 Ph. 452-3601 Fax 452- 7628	95814 95817 95820 95824 95811	The Effort at North Highlands 6015 Watt Avenue, Suite 2 North Highlands, CA 95660 Ph. 679-3925 Fax 679-3928	95660 95673 95841 95842 95843 95652
Folsom Cordova Community Partnership c/o Earl E. Lovelace Power Center 10445 Investment Circle Rancho Cordova, CA 95670 Ph. 361-8684 Fax 361-8683	95630 95670 95742 95826 95827	Valley Hi Family Resource Center 7000 Franklin Blvd, Suite 820 Sacramento, CA 95823 Ph. 290-8281 Fax 422-0112	95823 95828
River Oak Family Resource Center 4322 4 <sup>th</sup> Avenue Sacramento, CA 95817 Ph. 244-5800 Fax 244-5841	95814 95816 95817 95818 95820 95811	Meadowview Family Resource Center 2251 Florin Road, Suite 158 Sacramento, CA 95822 Ph. 394-6300 Fax 394-6325	95822 95831 95832
North Sacramento Family Resource Center 1217 Del Paso Boulevard Suite B Sacramento, CA 95815 Ph. 679-3743 Fax 679-3752	95815 95833	Mutual Assistance Network 811 Grand Avenue, Suite A3 Sacramento, CA 95838 Ph. 927-7694 Fax 564-8443	95815 95838

Service Types	Description
Birth & Beyond Home Visitation	<ul style="list-style-type: none"> <li>❖ Mother is pregnant or has an infant up to 6 months old.</li> <li>❖ Not an open CPS case.</li> <li>❖ Home visitation services are offered until child reaches 6 years.</li> </ul>
Family Resource Center (FRC)	<ul style="list-style-type: none"> <li>❖ Services are open to entire community</li> <li>❖ Effective Parenting workshops</li> <li>❖ Crisis intervention services</li> <li>❖ Information/referrals</li> <li>❖ Transportation</li> <li>❖ Playcare and more</li> </ul>