



Nurturing Families Program



Referral Form

Date: _____

Referring Agency (If you were not referred through an agency, please put "Self");

Staff Contact of Referring Agency (if applicable):

This is my agency's first referral: Yes No

Name: _____

Telephone: _____ Email: _____

Participant Information

Name: _____

Telephone: _____ Email: _____

Street Address: _____ City: _____

Zip Code: _____ County of residence (Please circle one): Ashland; Columbiana; Holmes; Lorain; Mahoning; Medina; Portage; Stark; Summit; Trumbull; Wayne

Reason for Referral to Program and Availability

1. Has the participant been involved in a Children Services child abuse and/or neglect case? Yes No

If yes, was there a substantiated case Yes No

Is the case still open? Yes No

2. Is the participant currently receiving any other home visitation, government funded services (Help Me Grow, etc.)

Yes No

If you answered **yes** to **any** of the questions above, please complete the remainder of the form. If you answered **no** to **all** questions above, you do not need to complete the rest of this document.

Marital Status

Single Married Partnered Divorced
 Widowed Separated

Race

African American White Hispanic Asian
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native Other

Education Level

GED High School Diploma Associates Degree
 Bachelors Degree Trade Other

Household Income

Less than \$15,000 \$15-\$20,000 \$20-\$25,000
 \$25-\$30,000 \$30,000 + N/A

Child(ren)'s Information:

Currently pregnant:

Yes No

| Gender | Age |
|--------|-----|
| | |
| | |
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Email completed form to nurturingfamilies@akronchildrens.org or call 330-543-0736 with questions.