



The Exchange Club Center

141 Franklin Street
Stamford CT 06901
203-327-9419



Email to: [WEBSITE](#)



Info@helpforkidsct.org

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Healthy Families America REFERRAL

HFA Signature Program

or

HFA Welfare (DCF only)

Date: _____

Referral Source (*check one*): DCF OEC Community Self-referral

Name of Referring Agency (*if not DCF/OEC*): _____

Person Making Referral: _____ Phone: _____

Cell: _____ Email: _____

Supervisor Name: _____ Phone: _____ Cell: _____

Email: _____

Mother's Name: _____ **DOB:** _____

DCF Case Link # (*if applicable – Welfare only*): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Race/Ethnicity: _____ Primary Language: _____

Country of Birth: _____

Pregnant: Yes No Due Date/Birthdate _____

Secondary Caregiver in Home: _____ **DOB:** _____ **Gender:** _____

Relationship to child (*mother, father, guardian*):

Address: _____

City/State/Zip _____

Cell Phone: _____ Work Phone: _____ Best Contact #:

Email: _____

Race/Ethnicity: _____ Primary Language: _____

Secondary Language: _____ Country of Birth: _____

Clients Name:

Children	Gender	DOB	Country of Birth	Specific Concerns

Current Parenting Challenges

Help for Kids: focuses on helping parents gain skills, knowledge, and strategies to reduce child abuse and neglect.. Please briefly describe the specific parenting challenges the parent/primary caregiver is having.

Additional Helpful Information

Please share any helpful information about this family that would be helpful for a person visiting this family's home to know (include any potential dangers, e.g. contagious diseases, history of violence, weapons in home, aggressive animals, environmental health concerns):

Other agencies involved with family:

Agency	Contact person	Phone#

Email to Info@HelpforKidsCT.org

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