

# the family resource center

**123 Main Street Gorham, NH 03581 (603) 466-5190 [www.frc123.org](http://www.frc123.org)**

Date of Referral: \_\_\_\_\_ Type of Service:    Prevention    Crisis    Early Intervention

Parent/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Target Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of PCP: \_\_\_\_\_

Everyone in the home:

<u>Name(s)</u>	<u>D.O.B.</u>	<u>M/F</u>	<u>Relationship</u>

**Reason for Referral (Current Needs)**

- |  |   |
|--|---|
| Parenting Skills (ie.discipline)<br>Budgeting/Organizational Skills<br>Assistance with Community Resources<br>Child Care Needs/Concerns<br>Other _____ | Pre-natal _____ Due Date<br>S Stress Management<br>Anger Management<br>Play Groups<br>Home Making |
|--|---|

**Current Family Stressors:**

- |   |   |
|---|---|
| Recent/Expected Birth<br>More than 1 child under 3<br>Child(rens) Development<br>Parent with Health Concerns<br>Time limited    Chronic<br>History of Alcohol/Drug Abuse<br>DCYF involvement in last 12 months<br>Assessment Only    Founded<br>Family member currently/formerly in the military<br>Other Agencies currently involved: _____<br>Mental health concerns; Diagnosis _____ | Teen or Single Parent<br>Mental Health Concern<br>Physical, Social, Cultural Isolation<br>Traumatic Family History<br>(ie: sexual abuse/domestic violence)<br>Unsafe/Health conditions in home<br>(inadequate food, clothing, shelter)<br>Domestic Violence issues/concerns |
|---|---|

**PHQ – 2**

	Not at all	Several Days	More than half the days	Nearly Every Day
Little interest or pleasure in doing things?	0	1	2	3
Feeling down, depressed or hopeless?	0	1	2	3

Additional information: \_\_\_\_\_

If DCYF Referral, is there suspected abuse?    Y    N

Infant Safe Plan of Care    Y    N

Client Services/DFA/TANF    Y    N

Referring Agency: \_\_\_\_\_ Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to contact referring agency if checked.

Family Signature: \_\_\_\_\_

**PLEASE FAX REFERRAL TO FAMILY RESOURCE CENTER 603-466-9022 OR EMAIL  
TO [familysupport@frc123.org](mailto:familysupport@frc123.org)**