

A family must live in Madison, Monroe, Randolph, or St. Clair County to be eligible for the program.

Confidential

Stronger Beginnings for Families Referral Form



Date: _____

children's home & aid

To:	Monroe, Randolph, St. Clair Counties Sherri O'Toole, Supervisor 800-467-9200, Ext. 306 sotoole@childrenshomeandaid.org	Madison County Erin Plumb, Supervisor 800-467-9200, Ext. 143 eplumb@childrenshomeandaid.org			
Fax Number:	618-874-7340	618-452-9136			
Re:	Referral: Family is aware a referral is being made? <input type="checkbox"/> Yes <input type="checkbox"/> No. Family has signed appropriate consent form to release information: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Your Name:		Email:			
Your Agency:		Program:		Phone:	

I am a **parent/guardian** and I would like to learn more about the Stronger Beginnings for Families program offered by Children's Home & Aid for expectant parents and families with children birth to 36 months of age.

I am a **representative from a school district/agency/program** and would like to refer a family to the Stronger Beginnings for Families program offered by Children's Home & Aid for expectant parents and families with children birth to 36 months of age.

Please check all that apply regarding your interests/needs:

- | | |
|--|---|
| <input type="checkbox"/> Program Orientation | <input type="checkbox"/> Individual or Home Visits |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Parent Education Workshops/Family Fun Events |
| <input type="checkbox"/> Developmental, Hearing, and Vision Screenings | <input type="checkbox"/> Referrals to Community Resources or Supports |

Please **PRINT** family information. Note: children served by the program must be birth to 36 months of age.

Parent/Guardian Name: _____ Preferred Language: _____

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Parent/Guardian Address: _____

Phone Number: _____ Email Address: _____

Child's Name: _____ Age: _____ Date of Birth: _____

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Prenatal Client: Yes No Pets in the home: _____

Comments: _____

Confidentiality Notice: The information contained in this form may be confidential and legally privileged. It is intended **only** for use of the individual named. If you are not the intended recipient, please notify the sender immediately and destroy this cover sheet along with its contents and delete from your system.

For Office Use Only			
Initial Contact Date	Referral Source	Referral Date	Wait List Date

