



Referral Form

Please send referrals to:
Community Action Family Center
 90 Federal Street
 Greenfield, MA 01301
 Phone: 413-475-1555 Fax 413-774-2210
 familycenter@communityaction.us

Date of Referral:	Referral Source (name/agency):
Staff name:	Referral Source Phone #:

Participant Information			
Name/family role:	Date of Birth: / /	Age:	Gender :
<u>Address:</u> <u>Town:</u> <i>Is it OK to send mail to this address? YES NO</i>	<u>Phone Number:</u> <i>OK to leave a message? YES NO OK to text? YES NO</i>		
<u>Email:</u> <i>Can we add you to our mailing list? YES NO</i>	<u>Preferred Language:</u>		

Additional Family Members:				
Name/family role:	Date of Birth: / /	Age:	Gender:	<input type="checkbox"/> Lives with me
Name/family role:	Date of Birth: / /	Age:	Gender:	<input type="checkbox"/> Lives with me
Name/family role:	Date of Birth: / /	Age:	Gender:	<input type="checkbox"/> Lives with me

Reason for Visiting or Referral to the Family Center:

May We Contact You?
Yes, I would like to know more about programs offered through the Family Center. I understand that by signing or giving verbal permission, a staff person will contact me with more information. I also understand that this <u>does not</u> mean I accept services.
Signature: _____ Verbal Permission: YES NO
Good times for us to contact you: _____ Good times for you to meet with us: _____

Notes:	For office use: <input type="checkbox"/> NEW <input type="checkbox"/> I&R/Contact <input type="checkbox"/> Phone Call <input type="checkbox"/> Walk In <input type="checkbox"/> Faxed <input type="checkbox"/> Mail <input type="checkbox"/> Voicemail CAP60: Case <input type="checkbox"/> Service <input type="checkbox"/> FRC: Intake <input type="checkbox"/> Contact Log <input type="checkbox"/> Service Provision <input type="checkbox"/>
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