



The Center for Family Success Referral Form

Date of referral: _____

Client's Full Name: _____ Client's Date of Birth _____

Client's Phone Number: _____ Client's Email: _____

Client's Gender Identity: _____ Client's SID #: (if applicable) _____

Client's Current Address: _____

Is this client on supervision to Multnomah County Department of Community Justice (DCJ)? Yes No

List specific (DCJ) unit/program here (i.e. MCJRP, FSAP, DV unit): _____

Does the client have an open DHS - Child Welfare case? Yes No

DHS Case number(s): _____ DHS Participant number: _____

The individual being referred has restrictions specific to being in the presence of children.
All restrictions will need to be staffed with a Center staff before an Intake may be scheduled due to the presence of children on the agency premises.

Name(s) and Age(s) of child(ren): _____

Is client allowed to have contact with their *own* children? Yes No

My office/unit has a valid release of information that allows me to discuss their case with the Center for Family Success.
Please attach a copy of this signed release with this completed referral form.

Referred by: Self Parole/Probation DHS Child Welfare Not listed: _____

Name of referrer: _____ Agency Affiliation: _____

Phone Number: _____ Email Address: _____

<p>Please check the program(s) for referral or of interest:</p> <p><input type="checkbox"/> Parenting Classes (Parenting Inside Out & Caring Dads)</p> <p><input type="checkbox"/> Trauma Coping Skill Classes (Healing Trauma & Building Resilience)</p> <p><input type="checkbox"/> Spanish language classes (Parenting Inside Out)</p> <p><input type="checkbox"/> Cognitive Skills Classes (Free Your Mind Transition)</p> <p><input type="checkbox"/> Recovery Support Classes (Women in Recovery, Helping Women Recover & Helping Men Recover)</p> <p><input type="checkbox"/> Mentoring Inside Out- Youth Mentoring (for children aged 7-14 with parent/caregiver criminal justice system involvement)</p> <p><input type="checkbox"/> Mentoring Inside Out 2.0- Youth Mentoring (for youth aged 7-18 with criminal justice system involvement)</p> <p><input type="checkbox"/> Parenting Inside Out 1:1/Early Childhood Home Visiting (Priority placement for parents/caretakers with kids 0-6)</p> <p>If child(ren) are outside of the home, is transportation set up? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact Name : _____</p> <p>Phone Number for transportation : _____</p>	<p>Needs assessment: <i>Center advocates and mentors can provide assistance with resources and referrals to help with stabilization.</i></p> <p><i>Identify areas of need below:</i></p> <p><input type="checkbox"/> Family reunification support</p> <p><input type="checkbox"/> Basic needs (clothing, food, bus tickets, etc.)</p> <p><input type="checkbox"/> Employment/Education</p> <p><input type="checkbox"/> Medical/Dental care</p> <p><input type="checkbox"/> Mental health care</p> <p><input type="checkbox"/> Addiction recovery supports</p> <p><input type="checkbox"/> Peer support /Mentoring</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Not listed: _____</p>
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Please complete referral form and email to fax@thepathfindernetwork.org or fax to 503-286-0325