



Kids' Club & Moms' Empowerment Referral Form

*Complete and email to Abigail Dudzic, Program Director, at adudzic@PFQ.org

Referral Source Information

Date referral sent: _____ Contact Person: _____

Phone #: _____ Email: _____

Has this referral been discussed with mother? Yes No

Identifying Information

Mother's Name: _____ Phone: _____

DOB: _____ Address: _____

Tobacco user? Yes No

Race/Ethnicity: _____ Primary language: _____

Current CYF involvement? Yes No

Caseworker name/phone #: _____

| Child's Name | DOB | Residing with mother? |
|--------------|-----|-----------------------|
| | | |
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| | | |
| | | |

Caregiver name and contact info if not mother: _____



Reason for Referral

Is violence actively occurring within the family?

Are there any special considerations regarding mother's safety when contacting her about participation? If yes, please describe best ways to contact mother.

Is the family in need of transportation assistance?

Is an IPV specialist involved with mother? If yes, please provide name and contact information for IPV specialist.
