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[WEBSITE](#)



### HOME BASED PROGRAMS REFERRAL

HFA Signature      HFA Welfare (DCF)      HELP Program      HELP 24/7 Dad

Date: \_\_\_\_\_

Referral Source (*check one*):      DCF      OEC      Community      Self-referral

Name of Referring Agency (*if not DCF/OEC*): \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ DOB: \_\_\_\_\_

DCF Case Link # (*if applicable*): \_\_\_\_\_ Gender: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

If HFA - Pregnant:      Yes      No      Due Date/Birthdate \_\_\_\_\_

**Secondary Caregiver in Home:** \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to child (*mother, father, guardian*): \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best Contact #:

Email: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Clients Name:**

<b>Children</b>	<b>Gender</b>	<b>DOB</b>	<b>Country of Birth</b>	<b>Specific Concerns</b>

**Current Parenting Challenges**

Home visiting programs supports families in the home and focuses on building a safe environment, a nurturing atmosphere, builds strong parent/child bonds and offers opportunities to the family and all of the children. Please briefly describe the specific challenges the family is facing.

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**Additional Helpful Information**

Please share any helpful information about this family that would be helpful for a person visiting this family's home to know (include any potential dangers, e.g. contagious diseases, history of violence, weapons in home, aggressive animals, environmental health concerns):

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**Other agencies involved with family:**

<b>Agency</b>	<b>Contact person</b>	<b>Phone#</b>

Email to [Info@HelpforKidsCT.org](mailto:Info@HelpforKidsCT.org)