

Family Resource Center Referral Form

The Family Resource Center is made up a group of partnering agencies who offer a wide variety of resources to Polk County Families. Our Partners include Polk County Family & Community Outreach, Dallas Resource Center, The Salvation Army, Family Building Blocks, and Child Care Resource & Referral. Please fill out this form to help us better meet your needs.

Date: _____

Resource Information:

What brings you in today? _____

Client Information:

Last Name: _____ First Name: _____ Birth Date: _____

I do not have a current address. *(If you do not have a current address, please tell us where you are staying)*

Current Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Household:

How many men? _____ How many women? _____ How many children: 0-6 years _____ 7-17 years _____

Is anyone in the household pregnant? Yes No

Please let us know if there are any additional resources we can help you with by checking the boxes below:

Basic Needs:

- Emergency Assistance (Rent/Utilities)
- Food Assistance
- Housing Resources
- Hygiene Supply Assistance
- Transportation Resources
- Clothing Resources

Child & Family Needs:

- Nutritional Assistance for ages 0-5 (WIC)
- School Supply Assistance
- Parenting Classes/Support
- Quality Child Care
- Early Learning Resources

Health Needs:

- Medical Resources
- Dental Resources
- Family Planning/Birth Control
- Immunizations
- Stop Smoking/Tobacco Resources

Other Needs:

- Employment
- Adult Education Resources
- Seniors/Disability Services
- Veteran's Services
- GED
- Stop gambling, you or a family member
- Other: _____

If you are seeking mental health, addictions, or domestic violence resources, please inform your intake worker

How did you hear about us? _____

I acknowledge that in order to receive the services that I have requested on this form, my information may be shared with the partnering agencies listed above _____

Initial Here

Please check this box only if you do **NOT WANT** your information shared between the partnering agencies.

OFFICE USE ONLY

Received By: _____ Date: _____

Agency/Program client is being referred to for assistance (this may not be agency filling out form):

- TSA FBB FCO SI FCO Prevention Shangri-La
 CAA CCR&R FCO Navigators FCO Parenting

No Referral Necessary

Please list resources that client was connected to while in Suite 220

Results of Referral:

Date of Service: _____ Served by: _____

Services Provided: _____

Funds Used: \$ _____ Funding Source(s): _____

Please return completed forms to Jen Segovia