

**Family Resource Coordinator (FRC) Referral Form**

Eligibility for referral: Families with children 0 – 6 years of age.

**FRC referrals can be made directly to the FRC's via email. Please attach referral form.**

North Clackamas	Oregon City/Gladstone West Linn/Wilsonville/ Lake Oswego	Sandy/Estacada/Eagle Creek	Canby/Molalla
			
<p>Patricia Yamal Soto 503-810-6407 <a href="mailto:patriciay@mfs.email">patriciay@mfs.email</a></p> <p>Matilde Flores 503-329-8735 <a href="mailto:MatildeF@mfs.email">MatildeF@mfs.email</a></p>	<p>Lizet Gonzales 503-309-9880 <a href="mailto:lgonzalez@nwfs.org">lgonzalez@nwfs.org</a> (Oregon City)</p> <p>Mimi Rosales 503-490-0485 <a href="mailto:orosales@nwfs.org">orosales@nwfs.org</a> (Gladstone, W/WL/LO)</p>	<p>April Dobson (Sandy) 503-320-0937 <a href="mailto:aprild@todos-juntos.net">aprild@todos-juntos.net</a></p> <p>Quela Cauich (Estacada/Eagle Creek) 503-758-2407 <a href="mailto:quelac@todos-juntos.net">quelac@todos-juntos.net</a></p>	<p>Sergio Maldonado 503.936.5368 <a href="mailto:sergiom@todos-juntos.net">sergiom@todos-juntos.net</a></p>

**Referent Information**

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

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

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

**Parent (or Guardian) First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Spoken Language \_\_\_\_\_

Children (first and last names)	Date of Birth	School	Grade

**Client has granted written or verbal permission to share this information with relevant supporting agencies.**  
Yes \_\_\_\_\_ (initial)

<input type="checkbox"/> Housing	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health	<input type="checkbox"/> DV	<input type="checkbox"/> Transportation
<input type="checkbox"/> Kindergarten Transition	<input type="checkbox"/> Education/ Early Learning	<input type="checkbox"/> Parenting support/ Education	<input type="checkbox"/> Developmental Screening/ ASQ	<input type="checkbox"/> Early Interven/ Special Education
<input type="checkbox"/> Employment	<input type="checkbox"/> Food	<input type="checkbox"/> Clothing	<input type="checkbox"/> Medical/ Meds	<input type="checkbox"/> Utilities
<input type="checkbox"/> WIC	<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP	<input type="checkbox"/> Health Insure	<input type="checkbox"/> Other- describe
<input type="checkbox"/> Immigration/ Legal	<input type="checkbox"/> Financial Stress	<input type="checkbox"/> Dental/ Vision	<input type="checkbox"/> Wellness	

**Add additional family member or other information in the comments/additional info section on next page.**

**Comments or Additional Information Concerning Referral**

FRC \_\_\_\_\_ Date Open \_\_\_\_\_

Supervisor \_\_\_\_\_ Date Closed \_\_\_\_\_

Contact information entered into database: \_\_\_\_\_  
Date