

Exchange Club Family Center

4040 Woodcock Drive, Suite 105, Jacksonville, FL 32207

Office: (904) 306-9318

Exchange Club Parent Aide Family Referral

Date:

Name of Referring Person:       Agency/ Program:

DCF Intake Number/Case ID:

Home:       Work:       Cell:

Email:

Preferred Method of Contact:

   

# Family Information

Name of Parent or Primary Caretaker:

Street:       Apt/Unit:

City:       State:       Postal Code:

Home:       Work:       Cell:

Email:

Preferred Method of Contact:

   

## Adults in Household:

Name:       Date of Birth:

Relationship to Child(ren):       Race:

Name:       Date of Birth:

Relationship to Child(ren):       Race:

Name:       Date of Birth:

Relationship to Child(ren):       Race:

## Child(ren) in Household: Please include only child(ren) LIVING IN THE HOME

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| --- | --- | --- | --- |
| Name | Date of Birth | Gender | Race |
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Are there any siblings who do not live in the home? [ ] Yes [ ] No

*If yes, please provide name, birthdate, race, and gender, along with a brief explanation of each child’s current address and custodial relationship:*

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Agencies involved with this family currently:*Please list any services in place for all HH members*

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DCF Involvement: *Please include a brief description of current and past DCF cases*

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## Please provide information about any HH member’s current or history with the following:

Substance Abuse:

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Current or History of Domestic Violence?

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Why are you referring this family to Parent Aide?

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Have you discussed the Parent Aide referral with the family? [ ] Yes [ ] No

**Please email your referral to:** referrals@exchangeclubfamilycenter.com