

Families Like Ours

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Families Like Ours – Referral Form

For professionals or community members referring families for support

Section 1: Referral Source

- **Your Name:** _____
- **Your organization/Role:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Relationship to Family:**
☐ School Staff ☐ Medical Provider ☐ Case Manager ☐ Community Member ☐ Other:
- **Is the family aware of this referral?** ☐ Yes ☐ No *(We encourage referring only with consent.)*

Section 2: Family Information

- **Parent/Caregiver Name(s):** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Mailing Address (if known):** _____
- **Preferred Language:** _____
- **Best Way to Reach Them:** ☐ Phone ☐ Text ☐ Email
- **Interpreter Needed?** ☐ Yes ☐ No

Section 3: Reason for Referral

Please briefly describe the reason for referral and what kind of support may be helpful (check all that apply)

- ☐ Family is raising a child with a developmental disability
- ☐ Isolation / need for connection
- ☐ Navigating school / IEP challenges
- ☐ Transportation barrier
- ☐ Accessing public benefits (DDS, MassHealth, etc.)
- ☐ Housing Resources
- ☐ Emergency support (e.g., gas card, food assistance)
- ☐ Mental or emotional health supports
- ☐ Other: _____

Brief Notes (optional): _____

Section 4: Urgency / Follow-Up

- **Is this referral time-sensitive or urgent?** ☐ Yes ☐ No
If yes, please explain: _____

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Date: _____

Three attempts are made to contact the family. Please mark the date and your initials below.

Date 1: _____

Date 2: _____

Date 3: _____

FLO ensures we keep all information confidential.