Family Resource Center of Gordon County
Referral Form

P.O. Box 1312
Calhoun, GA 30703
706-625-3311

☐ **Parents as Teachers** –voluntary, home-visitation program for parents of children up to 3 years
☐ **Parenting in Action** –8 week class teaching parenting skills for parents of children age 0-12+
☐ **Families in Action -** 5 week class working with parents and teens for ages 12-18
☐ **Family Ties** –ongoing relative caregiver support group.

Name:_____ **Date of Birth**:_____

Address:_____

Phone #: _____ **2nd Phone #:** _____ **Children:** If Pregnant, Due Date: _____

Child's Name: _____ Age:_____ Resides in home ☐Yes ☐No

Child's Name: _____ Age:_____ Resides in home ☐Yes ☐No

Child's Name: _____ Age:_____ Resides in home ☐Yes ☐No

Referring Agency: _____

Contact Person: _____ Contact Phone Number: _____

Contact Person Signature: _____Date: _____

Current DFCS involvement (for DFCS use only):

☐Investigation ☐Family Preservation ☐Foster Care ☐Family Support Case is: ☐Closed ☐Open
If open, possible closure date: _____

Brief description of reason for referral:

☐ Referral has been discussed with parent.
Please email form to wshedd@frcgordon.org