



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

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