

Department of Children and Families
Family Nurturing Center of Massachusetts
NURTURING PROGRAM FOR FAMILIES Referral Form
2024-2025

Today's date: _____ Social Worker referring family: _____
Email address: _____ Phone #: _____
Supervisor's Name and #: _____ DCF Office: _____

PARENT INFORMATION:

Mother's Name: _____ Phone Number(s): _____

Address (apt, street, neighborhood) _____

Father's Name: _____ Phone Number(s): _____

Address (apt, street, neighborhood) _____

Will both parents attend? _____

Other Parent in the home: Name: _____ Phone Number(s) _____

Have you discussed this referral with the Parent(s)? Yes No If not, when will you? _____

Will this family need transportation? Yes No Unsure

List others in this family who might attend (first and last names/age/relationship): _____

CARETAKER INFORMATION: FOSTER KINSHIP RELATIONSHIP _____

Name: _____ Phone Number(s): _____

Address (apt, street, neighborhood) _____

Have you discussed this referral with the Foster/Kinship Parent(s)? Yes No If not, when will you? _____

Will this family need transportation? (N/A for virtual programs) Yes No Unsure

List others in this family who might attend (name/age/relationship): _____

Family Resource Worker's Name: _____ **DCF Office:** _____

Phone #: _____ Fax #: _____

Children's Names(first&last) **Dates of Birth and Age** **Type of Placement:** **List worker & supervisor** _____

****Please note that you must tell the parents you are making the referral before we can contact them****

Referral continues on next page ⇨

***Please provide other important information that will help us to act on this referral ***

Please tell us why you are referring this family to the Nurturing Program and provide some information regarding the status of / goals of the case with the Department.

Are there any special circumstances for this family that we should know about? (Health issues, mental health issues, disabilities, language or learning problems, domestic violence concerns, etc.)

Are there any obstacles you know of that would make it difficult for the family to attend an evening program?

Does the family receive other services, such as counseling, therapy, home-based services? What are they?

****PLEASE MAKE SURE YOU HAVE DISCUSSED PARTICIPATION IN THE PROGRAM WITH PARENTS BEFORE MAKING THE REFERRAL****

For questions about how or whom to refer, please contact Maxine Hall: mhall@familynurturing.org or (617) 474-1143 x 451

Completed forms should be emailed to: Maxine Hall: mhall@ familynurturing.org

