



**Families and Communities Together with Schools (FACTS)
Referral Form**

203 North Hamilton Street Watertown, New York 13601
Phone: (315) 788-8450 Fax: (315) 788-8461

Referral Date: _____ Referral Agency/School: _____
Name: _____ Telephone: _____

Which service are you referring the family to?

<input type="checkbox"/> Parents as Teachers Long term home visiting for families with children 0-5	<input type="checkbox"/> Individual Parenting Consultation Short term consults for families with children of all ages
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FAMILY PROFILE:

Name(s): _____
Address: _____
Phone No: _____
Please comment on any special needs/concerns of the family: _____
Directions to family's home: _____

Children:

Name: _____ DOB/Age/Grade: _____ School District: _____
Name: _____ DOB/Age/Grade: _____ School District: _____
Name: _____ DOB/Age/Grade: _____ School District: _____

Does the family know you are making a referral? Yes _____ No _____

Comments: _____

(For Office Use Only)

FACTS staff doing the referral visit: _____
Date FACTS visited/contacted the referred family: _____
Date follow-up letter sent to the referral source: _____
Outcome of initial visit(s): _____
Family Educator Assigned to Family: _____