

FR1ENDS of the CH1LDREN

Tacoma

REFERRAL FOR SERVICES

BEING REFERRED **BY:** ☐ Friends of the Children ☐ Other _____

BEING REFERRED **TO:** ☐ Friends of the Children ☐ Other _____

FAMILY INFORMATION

CHILD INFORMATION:

1. Name: _____
Last First Middle
2. Prefers to be called: _____ 3. Date of Birth: _____
4. Gender: _____ 5. Race: _____ 6. Primary Language _____
7. Medicaid/Insurance and # _____ 8. Current School & Grade: _____

CURRENT LEGAL GUARDIAN INFORMATION:

9. Name: _____
Last First
10. Relationship to Child: ☐ Parent ☐ Foster ☐ Relative ☐ Other (Specify): _____
- Address: _____
- Phone: _____ Email: _____

****Does any other adult have legal rights to this child?** ☐ Yes ☐ No * If yes, who: _____

11. Currently/Will be Living With: ☐ Biological Parent ☐ Relative ☐ Foster Family
☐ Other (Specify): _____

12. Contact Information (if different than Legal Guardian):

Name: _____
Last First

Address: _____

Phone: _____

Referred by (staff) _____ Date: _____