**Community-Based Referral Form**Please email this completed form to: [**DHSCenteronFathering@elpasoco.com**](mailto:DHSCenteronFathering@elpasoco.com)

Date of Referral:

Individual/Agency making referral: Phone:

Name of father: Phone:

Address of father:

Is father aware that this referral is being made? ❑ Yes ❑ No

Reason for Referral: ­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­ ­­ ­­­ ­\_\_

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❑ **Supportive Services** (i.e. Weekly Support Group)

❑ **Mentoring**

❑ **Fathering for Life** **Class**: 15 Week Class (Includes topics related to child development, discipline, co-parenting, communication, play, building relationships, self esteem)

❑ **Caring Dads’ Class**: 17 Week Class (Family Violence Intervention):

❑ **Fathers in Training**: 2 Session Seminar with focus on care and parenting of infants and toddlers.

❑ **Community Resources**

❑ **Other Services** Not Listed Above (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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