Southwest Family Guidance Center & Institute

"Healthy Families, Healthy Kids" Referral Form

Please Fax to: 505-830-0040

CYFD Worker Name: _____

CYFD Worker Phone Number: _____

CYFD Worker Fax Number: _____

CYFD Worker Email: _____

Monthly Reports needed? _____

Parent's Name(s): _____ _____

Phone Number(s): _____

Identified Child(ren) Name(s): _____

Does the family know this referral has been made? _____

Counseling Services Already being received by the family:

_____

_____

Legal Status of Case (open case/ when is it expected to close/ expected completion of 20-week program?)_____

_____

Is participation in parenting program required or recommended?

_____

Needs/Case Description: _____

_____

_____

Notes: _____

_____