Referral Form for Fathers In Touch Program: To be completed by service provider

Step 1: Your Contact Information

Name /Title	
Agency/Program	
Address	
Phone number	
Email Address	
Date of referral	

Step 2: Father and Child contact information.

Father's name	
Date of Birth	
Street Address	
City, State, Zip Code	
Phone Number	
Cell Phone Number	
Children's Information: Name, Birthdates, address, and school of each child	

Step 3: Indicate the type of service/ support requested

1.) I am referring the above father for the services indicated below:
Check all boxes that apply

- ☐ 24/7 Dad Class in English
- ☐ Reunite father and child
- ☐ 24/7 Dad Class Spanish
- ☐ Supervised Visitation (monthly activity)

2.) Does the referred father have a child in foster care or residential placement?

3.) Specific reasons for referral:

Step 4: Return form to Erick King, Fathers in Touch, Capital Youth Empowerment Program, Inc., PO Box 10828, Alexandria, VA 22315

Email: eking@cyep.org Phone: 202-321-8704 Fax: 703-746-8222