

Join Us!

Family Strengthening Program

FREE Workshops and Case Management!

Work with your family, friends, and members of the community to increase happiness and success by learning new ways to:

- ◆ Improve relationships through talking
- ◆ Reduce stress and family conflict
- ◆ Talk about money as a family

**GIFT
CARDS!**

CHILDCARE!

TOKENS!



SNACKS!

FOR MORE INFORMATION OR TO REGISTER PLEASE CONTACT:

Katharine Cristaudo

Family Strengthening Program Coordinator at Nationalities Service Center

(215)893-8400 ext.1552 or KCristaudo@nscphila.org

Funding for this project was provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: # 90FM0092-01-00. These services are available to all eligible persons, regardless of race, gender, age, disability, or religion.



Family Strengthening Program

Referral Form

Participant Information

Name (last, first): _____ DOB (mm/dd/yyyy): _____ Age: _____

Nationality: _____ Ethnicity: _____

Primary Language: _____ Other Language(s): _____

Will participant be comfortable with a workshop facilitated in English? YES NO

Is participant comfortable having a conversation over the phone in English? YES NO

Address: _____ Phone: _____

Please list any family members who will be joining you (use additional paper as needed):

Name (last, first): _____ Relationship: _____ Age: _____

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Name (last, first): _____ Relationship: _____ Age: _____

Referral Source Information

Name: _____ Agency: _____ Date: _____

Phone: _____ Email: _____

Reason for referral: _____

Has a RHS15 form been completed for this participant or any other member of their family? YES NO

Please indicate who and date: _____

Has this participant or any member of their family been screened for PPR? YES NO

If YES, please indicate who and if they were eligible and/or referred: _____

Would you like an update on status of enrollment? YES NO

Consent for Referral

Please sign below to give referral source consent to send this completed form to Nationalities Service Center as referral to the Family Strengthening Program. By signing you are not enrolled in this program and a member of our staff will contact you to set-up a time to meet and talk with you more about it.

(signature)

(print)

(date)

PLEASE SEND COMPLETED FORMS TO:

**Family Strengthening Program Coordinator at Nationalities Service Center
1216 Arch St., Floor 4, Philadelphia, PA 19107 or KCristaudo@nscphila.org
For more information call (215) 893-8400 ext. 1552**

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