

**Nationalities Service Center
Family Strengthening Program**

Referral Form

The Family Strengthening Program is open to individuals, couples, and families who have moved to the United States. This program aims to help participants learn skills to strengthen relationships at home and at work, reduce stress, problem solve as a family, and work through financial issues with family members. This program will include workshop series and case management services to those enrolled.

For more information or to submit this completed referral for each household please contact
Katharine Cristaudo at kcristaudo@nscphila.org or (215) 893-8400 ext. 1552

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, City, State, Zip: _____ Phone: _____

Please list any other members of the household (use additional paper as needed):

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

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

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

Name (last, first): _____ Relationship to you: _____ 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 Name)

(Date)

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