



Celebrating Families! Referral for Participation Form
2800 S. Shepherd Rd., Mt. Pleasant, MI 48858



Family Information

Parent/Guardian Name:		Parent/Guardian Name:	
Address:		Address:	
Email:		Email:	
Cell Phone:	Home Phone:	Cell Phone:	Home Phone:
Tribal Affiliation:		Tribal Affiliation:	
Child 1:	Age Range:	0-3	4-10 11-12 13-17
Child 2:	Age Range:	0-3	4-10 11-12 13-17
Child 3:	Age Range:	0-3	4-10 11-12 13-17
Child 4:	Age Range:	0-3	4-10 11-12 13-17
Child 5:	Age Range:	0-3	4-10 11-12 13-17
Are any children in out of home placement? Y N If so, what court has jurisdiction? And who is the caseworker?			

Referral Source

Referral Name:	Referral Position/Agency:
Phone:	Email:
Do you want record of attendance for participant(s) registered: Y N (Pending a signed release of information by participant(s))	
Is the parent/guardian aware that you are making this referral? Y N If no, please inform the family of this referral to the CF! Program	
Families need to call and set up their own Registration/Intake appointment. Did you inform the family that they need to set up their own appointment? Y N	

Contact Shuna Stevens at (989) 775-4850 for more information.

Referral can be sent via fax to (989) 775-4851, Attn: Shuna Stevens