



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