

FR1ENDS of the CH1LDREN

Tacoma

REFERRAL FOR SERVICES

BEING REFERRED BY: Friends of the Children - Tacoma Other _____

BEING REFERRED TO: Friends of the Children - Tacoma Other _____

FAMILY INFORMATION

CHILD INFORMATION:

1. **Name:** _____
Last First Middle
2. **Prefers to be called:** _____ 3. **Date of Birth:** _____
4. **Gender:** _____ 5. **Race:** _____ 6. **Primary Language** _____
7. **Current School & Grade:** _____

CURRENT LEGAL GUARDIAN INFORMATION:

8. **Name:** _____
Last First
9. **Relationship to Child:** Parent Foster Relative Other (Specify): _____
- Address:** _____
- Phone:** _____ **Email:** _____

****Does any other adult have legal rights to this child?** Yes No * **If yes, who:** _____

10. **Currently/Will be Living With:** Biological Parent Relative Foster Family
 Other (Specify): _____

11. Contact Information (if different than Legal Guardian):

Name: _____
Last First

Address: _____

Phone: _____

Referred by (staff) _____ Date: _____