



**Virginia Family & Fatherhood Initiative Referral Form:
Stronger Parents, Brighter Futures**

Date:		Participant Name & Age:	
Participant Address:			
Participant Contact Information:	Phone:		
	Email:		
Referral Name & Agency:			
Referral Contact Information:	Phone:		
	Email:		
Case worker information (if different):			
Referral for:	<input type="checkbox"/> Motherhood & Co-parenting Support Group <input type="checkbox"/> Fatherhood & Co-parenting Support Group		
Is this referral based on a court-order or other requirement? If yes, please explain.			
Is there a custody order in place? If yes, please explain.			
Does either parent have a protective order against the other? If yes, please explain.			
Have either parent's parental rights been terminated? If yes, please explain.			
Referral Summary:			

*Participants will be educated, encouraged and consistently engaged during the entirety of the support group. This Initiative is designed to help re-enforce a vision where **"We are a community where children experience the benefits of Fathers and Mothers working cooperatively and responsibly to raise healthy children."***

Please forward this form to Alisha Newman, Family Services Case Supervisor, at alisha.newman@vdh.virginia.gov (757) 393-8585 x8715 and DeShelle Jordan, Regional Coordinator, at deshelle.jordan@vdh.virginia.gov (757) 393-8585 x8583 or Fax: (757) 393-8027.