

**CATHOLIC CHARITIES  
FATHERS MATTER!  
REFERRAL FORM**

<b>Referring Worker:</b>	<b>Date of referral:</b>
<b>Referring Worker Email:</b>	<b>Referring Worker Phone Number:</b>
<b>Referring Agency:</b>	<b>Referring Agency Address:</b>

**Family Information:**

<b>Clients Name:</b>		<b>Date of Birth:</b>	<b>Race:</b>
<b>Street Number and Name:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip code:</b>	<b>Phone Number:</b>

<b>Other Adults Living in Home</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Race</b>

<b>Child(ren)</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Race</b>

**Reason for referral:**

**What type of assistance does the parent need?**

**What strengths are evident in this family?**

**What else should we know about this family's situation or circumstances? (History with CPS, relevant court involvement, previous offense history, medical status, mental illness or substance abuse, involvement with other service providers, etc)**

**Has the family been told of the plan to refer to Fathers Matter?**

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**Referring Worker**

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**Date**

**Supervisor:** Katie Cribbs  
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**Instructor:** Timmy Smith, BS, SRAS, NFPCT  
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**Email:** [tmisth@ccwestmi.org](mailto:tmisth@ccwestmi.org)

**\*\*Email referral to [kcribbs@ccwestmi.org](mailto:kcribbs@ccwestmi.org)\*\***

**\*\*Referring workers will receive a phone call from instructor to complete the referral\*\***



Providing Help. Creating Hope.