

Northern Berkshire Community Coalition  
Family Resource Center  
Referral/Registration Form

Date: \_\_\_\_\_

Referral Source Organization: \_\_\_\_\_

Referral Source Name: \_\_\_\_\_

Referral Source Contact Information:

**Is the family aware that this referral was made?**

☐ YES ☐ NO *[If No, we ask that you speak with the family prior to making this referral.]*

**Has the family received contact information for the Family Resource Center:** ☐ YES ☐ NO

**Family Information:**

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ ☐ Ok to leave a message

**Email:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Referral or Request for: General FRC Services: [Please check all that apply]**

- ☐ Seeking information on Parenting/Parenting Education ☐ Family Hardship/Financial ☐ Food  
☐ Housing/Rent Issues ☐ Transportation ☐ Employment/Job ☐ Household Items  
☐ Clothing/Coats ☐ Assistance with Applications/Referral for Services ☐ Mental Health Concerns  
☐ Health Concerns ☐ Substance Abuse ☐ ESL Classes ☐ Immigration/Legal Issues  
☐ Other: \_\_\_\_\_

☐ **Child Requiring Assistance (CRA)** ☐ School Support Services

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Reason for Referral:** ☐ Child having difficulty following rules ☐ Child missing more than 8 days at school ☐

School Issue ☐ IEP/Special Education Needs ☐ Suspended ☐ Child ever run away ☐ Alternative Program

☐ Other: \_\_\_\_\_

☐ I have been informed that The Family Resource Center provides UMass, the Administrative Services Organization, with the information I provide when completing standardized paperwork to the Massachusetts State Legislature and the Department of Children and Families for the purposes of funding and monitoring.

***The FRC does not provide monetary assistance for housing, rent, utilities, clothing, etc.***