

The Family Center



at Community Connections of Brockton



Please send referrals to:

The Family Center

1367 Main St, Brockton, MA 02301

Phone: 508 - 857- 0272

FAX: 508 - 857- 3361

Email: brocktoncc@gmail.com

REFERRAL FORM

Parent/Guardian Name: _____ DOB: ____/____/____

Child's Name: _____ DOB: ____/____/____

Child's School Name: _____

Email Address: _____

Preferred Phone Number: _____

 C H

Address: _____

Preferred Language:

English

French

Spanish

Haitian Creole

Cape Verdean Creole

Portuguese

Other: _____

Referral Source:

Name: _____

Phone number: _____

Parent/Guardian

Court

School

Police

Recovery Coach

Doctor/Hospital

Other: _____

Reason for Referral (check all that apply):

Habitual School
Offender

Habitual Truant

Sexually
Exploited Child

Drug Endangered
Child

Runaway

Stubborn Child

Basic Needs/
Hardship

Mental Health/
Substance Use

Additional Information:

Next Court Date: _____

Signed Release: Yes No