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 ☐

Family Resource Center