Plymouth County
Drug Abuse Task Force

Please send referrals to:
The Family Center ATTN: Haffie
1367 Main St, Brockton, MA 02301
Phone: 508 - 857- 0272 ext. 110
FAX: 508 - 857- 3361
Email:hafsatu.stevens@ccbrockton.org

REFERRAL FORM

Referral Date:_____

Parent/Guardian Name: _____ **DOB:** / /

Child(ren)'s Name (Requiring Services): _____ **DOB:** _____/_____/_____

_____ **DOB:** _____/_____/_____

_____ **DOB:** _____/_____/_____

Email Address: _____

Preferred Phone Number: _____ C H

City/ Town:_____

_____

Preferred Language:

- ☐ English
- ☐ French
- ☐ Spanish
- ☐ Haitian Creole
- ☐ Cape Verdean Creole
- ☐ Portuguese
- ☐ Other: _____

Referral Source:

Referral Name: _____

Agency Name: _____

Phone number: _____

- ☐ Parent/Guardian
- ☐ Court
- ☐ School
- ☐ Police
- ☐ Recovery Coach
- ☐ Doctor/Hospital
- ☐ Other:_____

Reason for Referral (check all that apply):

- ☐ School Related Concerns
- ☐ Substance Use
- ☐ CSEC
- ☐ DEC
- ☐ Missing from Care
- ☐ Behavioral Concerns
- ☐ Basic Needs/ Hardship
- ☐ Mental Health
- ☐ Other:_____

Additional Information/ Other Reason for Referral:

Signed Release: Yes ☐ No ☐

Family Resource Center