



Fathering is for Life.

Date of Referral: _____

Community Based Referral Form

Please email to DHSCenteronFathering@elpasoco.com

Name of Individual/Agency Making Referral: _____ Phone #: _____

Name of Father: _____ Phone #: _____

Address of Father: _____

Is father aware that this referral is being made? Yes No Email: _____

Reason for individual/agency involvement: _____

Current status of father's involvement with family: _____

List any restrictions on father-child contact: _____

List which service you are referring father to (please include court-orders, as applicable):

- Supportive Services, i.e. Weekly Support Group or mentoring
- Parent Education, i.e. 15-week Fathering Class: (Includes topics related to child development, discipline, co-parenting, communication, play, building relationships, self esteem)
- 10-week 'Conflict Resolution for Dads' class: (Includes topics on traditional approaches to conflict compared to innovative approaches, conflict and gender, influence of emotions on conflict, how conflicts with others influence conflicts with one's children)
- 8-week 'Fathers as Providers': Designed for fathers who are unemployed or underemployed – TANF or TANF-eligible - includes topics on enhancing interview skills, completing job applications, updating resumes and assistance in making contacts with area employers)
- 13-week 'Nurturing Fathers Program': (Includes topics on nurturing ourselves and our children, discipline without violence, dealing with feelings, managing anger and resolving conflict, balancing work and fathering and cultural influences)
- Other Services Not Listed Above (please specify): _____

Do Not Write Below This Line

Date(s) Contact Made: _____

Outcome of Contact: _____