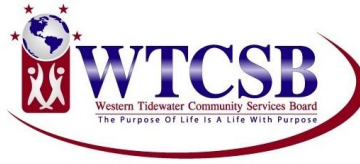


WESTERN TIDEWATER COMMUNITY SERVICES BOARD



**Strong African American Families Program**

**SECTION I: REFERRAL INFORMATION**

|  |  |
|--|--|
| Date of Referral:<br>____/____/____  | Preferred Service Location<br><input type="checkbox"/> Franklin <input type="checkbox"/> Southampton |
| <b>Referring Agency</b><br><br>COURT<br><input type="checkbox"/> Franklin <input type="checkbox"/> Southampton<br><br>SCHOOLS<br><input type="checkbox"/> Franklin <input type="checkbox"/> Southampton<br><br>DEPT of SOCIAL SERVICES<br><input type="checkbox"/> Franklin <input type="checkbox"/> Southampton<br><br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Self: _____<br><input type="radio"/> Court Order | Agency Representative:<br><hr/>  |

**SECTION II: FAMILY INFORMATION**

**Parent(s) Name and Address**

|            |            |           |
|------------|------------|-----------|
| First Name | MI.        | Last Name |
| Street     | City/State | Zip Code  |

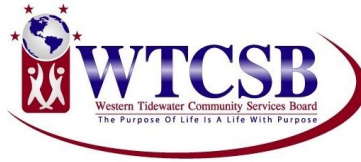
Phone number: \_\_\_\_\_

**SECTION III: REASON FOR REFERRAL**

\_\_\_\_\_

WESTERN TIDEWATER COMMUNITY SERVICES BOARD  
Please return completed form to:  
Attn: Dametrice Goodwyn, Site Coordinator  
Latril Mariano, Child & Family Service Manager  
Fax: (757) 925-2221  
Dametrice (office): 942-1955  
Latril (office): 942-1963

**WESTERN TIDEWATER COMMUNITY SERVICES BOARD**

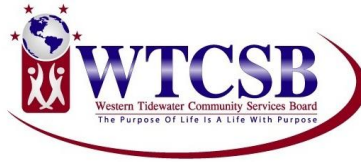


**Strong African American Families Program**

|   |  |  |
|---|--|--|
| HEAD OF HOUSEHOLD:                      |  |  |
| ADDRESS:                                |  |  |
| PHONE NUMBER:                           |  |  |
| NUMBER OF CHILDREN:                     |  |  |
| NAMES/ AGES OF CHILDREN:<br>BIRTH DATE: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

To be completed by WTCSB Site Coordinator

**WESTERN TIDEWATER COMMUNITY SERVICES BOARD**



**Strong African American Families Program**

|  |  |
|--|--|
|  |  |
|  |  |
| ANY FOOD ALLERGIES?<br>Yes:            No:   |  |
| TRANSPORTATION REQUIRED?<br>Yes:            No:  |  |
| AVAILABLE DATES/TIMES :  | SAAF Start Date:   |
| The first session will be the pre-post test and a planned lesson from the curriculum. Food and transportation are provided (if required) on a session basis. Completion of the full 7 week program is required to participate in graduation. If by chance a class must be missed please contact the group facilitator and/or site coordinator. | Are you able to agree to these terms?<br><br>Yes:<br><br>No: |
| Notes:   |  |

Date of Referral: \_\_\_\_\_

Approved: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date