

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

REFERRAL FORM

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

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

Child's School Name: _____

Email Address: _____

Preferred Phone Number: _____

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Address: _____

Preferred Language:

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

Referral Source (check all that apply):

Name: _____ Phone number: _____

Parent/Guardian Court School Police PCO
 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