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

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

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

Child's School Name: _____

Email Address: _____

Preferred Phone Number: _____ C H

City/ Town: _____

_____

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):

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

Additional Information/ Other Reason for Referral: ☐ Other:_____

Signed Release: Yes ☐ No ☐

Family Resource Center