



**Please send Referral to:**

Telephone Number: 774-501-2633 // Fax Number: 774-501-3760

Attention: Erin Kelley-Green, Program Manager

Email: [ekelleygreen@oldcolonymca.org](mailto:ekelleygreen@oldcolonymca.org)

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

Name of Parent/Guardian: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate Phone Number or Email Address: \_\_\_\_\_

Name of Youth: \_\_\_\_\_

DOB: \_\_\_\_\_

Type of Health Insurance (referral purposes only): \_\_\_\_\_

Number of Household Members (supports/services are available to entire household): \_\_\_\_\_

Primary Language of the Family: \_\_\_\_\_

Referred By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Brief description of needs:

\*\*\* Please see reverse side for additional resource options \*\*\*

The Taunton/Attleboro Family Resource Center  
A Program of the Old Colony YMCA  
37 Main St., 1<sup>st</sup> Floor, Taunton, MA 02780

Please check all that apply:

**Concrete Supports for Parents**

- |                                           |                                             |
|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Housing          | <input type="checkbox"/> Rental Assistance  |
| <input type="checkbox"/> Shelter          | <input type="checkbox"/> DTA                |
| <input type="checkbox"/> SSI/SSDI         | <input type="checkbox"/> Child Care         |
| <input type="checkbox"/> Food Pantry      | <input type="checkbox"/> SNAP               |
| <input type="checkbox"/> Clothing         | <input type="checkbox"/> Financial          |
| <input type="checkbox"/> Furniture        | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> WIC              | <input type="checkbox"/> Utility Assistance |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Domestic Violence  |
| <input type="checkbox"/> CRA Assistance   |                                             |

**Parental Resilience**

- |                                                   |                                                         |
|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Adult Education          | <input type="checkbox"/> ESOL                           |
| <input type="checkbox"/> Child Abuse              | <input type="checkbox"/> Health Related Issues/Concerns |
| <input type="checkbox"/> Mental Health Services   | <input type="checkbox"/> Substance Use Services         |
| <input type="checkbox"/> Navigating School System | <input type="checkbox"/> Family Support Advocacy        |

**Knowledge of Parenting/Child and Youth Development**

- Parenting Education
- Early Intervention
- Head Start/Preschool
- Developmental Screening

**Social Connections**

- Support Groups
- Individual/Family Support
- Education/Recreational Activities

**Nurturing and Attachments**

- Playgrounds, Parent/Child Activities