GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

Date:_____

If you have questions about making a referral, please call the Family Center at 422-8209 option 3.
To make a referral: Fax the completed form to (603) 422-8219 or email completed forms to fcreferrals@goodwinch.org

Identified adult client for services: Name:	DOB:

Home address: City State Zip code

Primary phone: ☐ Call ☐ Text Interpreter needed: ☐ Yes ☐ No

Language:

Others in the Home:

Name:	DOB:	Relationship to client:
Name:	DOB:	Relationship to client:
Name:	DOB:	Relationship to client:
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Name:	DOB:	Relationship to client:

Priority Considerations:

☐ DCYF Involvement within 12 months ☐ Need for prenatal care ☐ Safety concerns ☐ SUD concerns

Reasons for Referral (please check all that apply):

☐ ACERT	☐ Behavioral Health	☐ Childcare	☐ Concrete Supports
☐ Developmental Screenings	☐ Domestic Violence concerns	☐ Financial Education	☐ Financial Resources
☐ Health Services	☐ Home Visiting Services	☐ Kinship Navigation	☐ Parent Education
☐ Playgroup	☐ Resource and Referral	☐ SUD/Recovery Support	☐ Support Group

Please explain checked boxes, use back if necessary:_____

_____

_____

_____

_____

Other agencies involved:_____

Referring agency:_____ Phone: _____

Contact person:_____ Is client aware of referral: ☐ Yes ☐ No

Office use only: Date received:_____ Quickbase number:_____