



**REFERRAL TO FAMILY PARTNERSHIP FOR SERVICES**  
**8420 Gas House Pike Suite EE • Frederick, Maryland 21701**  
**(301) -600-2206 • (301) -600-2209 (Fax)**

Today's Date: \_\_\_\_\_ Please check  if you are a non parent/not expecting

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth and Age: \_\_\_\_\_

Person making referral: \_\_\_\_\_

Interests:

<input type="checkbox"/> Child Development Series	<input type="checkbox"/> Career Development/Employability Services
<input type="checkbox"/> Parent Education	<input type="checkbox"/> Computer Literacy/Skill Training
<input type="checkbox"/> Prenatal Education	<input type="checkbox"/> GED Diploma Completion
<input type="checkbox"/> Life skills Workshops	<input type="checkbox"/> Flexible High School
<input type="checkbox"/> Health Education	Current grade in school: _____
<input type="checkbox"/> English as a Second Language Services	Current or last HS: _____
<input type="checkbox"/> Home Based Services	Last Grade completed: _____
<input type="checkbox"/> Fatherhood Services	<b>Currently Employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Adult Education/Basic Skills	if Yes, <input type="checkbox"/> full time <input type="checkbox"/> part-time

Evening Programs:
<input type="checkbox"/> Empowering Mothers <input type="checkbox"/> Responsible Fathers
Will childcare be needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

Will you need transportation? Yes  No

Expectant Parent:  Yes  No      If yes, due date \_\_\_\_\_

Children's names:

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Child's Birthdate/Age:

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1. Does the child have any health condition, medical diagnosis or developmental delay?

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2. Do you have any concerns about your child's health, development or behavior?

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3. Is there anything else you would like to share about your child that will help CD staff to provide the best care possible?

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4. Does the child receive services from Infants and Toddlers, Child Find, or other service providers?

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How did you learn about FP? \_\_\_\_\_

Do you have a computer, laptop, tablet or smartphone?  Yes  No and internet service  Yes  No

Are you working with any other agencies or people?  Yes  No If yes, who and which program are they with? \_\_\_\_\_

FP staff only:
Does this family reside in the Butterfly Ridge, Hillcrest, Lincoln or Waverley School districts (Judy Center district)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Visiting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization records – Does the parent have a copy of child's/children's records? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No ** (Remind them that they will need this on their first day.)
Currently on Home School Status (only for under 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff receiving referral:
Notes:

Please return this form to Family Partnership:

**Mailing Address:**

Family Partnership of Frederick County  
8420 Gas House Pike  
Suite EE  
Frederick, MD 21701

**Email:** [FamPart@frederickcountymd.gov](mailto:FamPart@frederickcountymd.gov)

**Fax:** 301-600-2209