



Family Ties Project Referral Form

Family code:

Date: _____

From: _____ **Agency:** _____

Phone: _____

TO: Family Ties Project Office (Ph: 202-547-3349) (fax: 202-547-7148)

Services:

- Legal Services
- Individual and Family Therapy
- Kinship Care Management
- Youth Development Program
- Support Groups
- Training and Workshops

Family Name: _____

Client Name(s): _____

How to contact client:

Reason/Goals of Referral:

Confidentiality Concerns:

WARNING!

The information contained in this facsimile is confidential. The information is intended only for the use of the individual or entity to whom it is addressed. If you have received this facsimile in error, please immediately notify the sender identified above by telephone.