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projecthelpdupage.org

Referral Form

The Parent Mentor Program is a home-visitation program designed to increase the health and well-being of children and families. The Parent Mentor Program is a free and voluntary program available to parents who live DuPage County and have one or more children age 12 and under.

PARENTS

Name: _____ Name: _____
Age: _____ Age: _____
DOB: _____ DOB: _____
Ethnic Identity: _____ Ethnic Identity: _____

Marital Status: _____
Address: _____
City/Zip: _____
Phone: _____ Mobile: _____ Work: _____

CHILDREN

(Please list by name, age, and sex)

1. _____ 2. _____
3. _____ 4. _____

Referred by: _____ Phone Number: _____

Consent and Authorization for Release of Information

_____ I give the following agency/individual _____ permission to release my information to Project H.E.L.P. - Parent Mentor Program. I agree to have the Director of Project H.E.L.P. contact me regarding mentoring services.

Client Signature _____ Date _____

Witness Signature _____ Date _____

(FOR OFFICE USE ONLY)

Date of Initial Contact: _____ Outcome: Intake Assessment Scheduled/Completed
 Client Refused Services
 Unable to Contact

