



National Exchange Club Foundation for Prevention of Child Abuse

Referral Form

The Parent Mentor Program is a free, home-visitation program that help to strengthen and stabilize families, increase parental knowledge of parenting and child development, enhance parent-child relationship, strengthen parental resilience, increase knowledge and access to community resources, and build social connections. Participation is voluntary for families that reside in DuPage County and have one or more children age 12 and under.

PARENTS

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

Name: _____
Age: _____
DOB: _____
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 _____

