



# New Mexico Young Fathers Project

## REFERRAL FORM

540 Chama NE Ste. # 11 Albuquerque, NM 87108

(505) 254-8737 Fax: (505)254-8741

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

\_\_\_\_\_

3) Telephone: \_\_\_\_\_

Is it OK to call at the above number: \_\_\_\_ Yes \_\_\_\_ No

Best Times to call: \_\_\_\_\_

4) Additional Contact Information: \_\_\_\_\_

5) Education: \_\_\_\_ High School \_\_\_\_ Middle School \_\_\_\_ Not in School

If in school, please indicate his grade level: \_\_\_\_\_

6) Does this person work: \_\_\_\_ Yes \_\_\_\_ No

If you answered yes, where does he work? \_\_\_\_\_

7) Is this person a father? \_\_\_\_ Yes \_\_\_\_ No

If yes, how many children has he fathered? \_\_\_\_

Name(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Gender: 1. M F 2. M F 3. M F

8) Why are you referring this individual? \_\_\_\_\_

9) How can we better serve him? \_\_\_\_\_

10) Anything you want us to know about this individual? \_\_\_\_\_

\_\_\_\_\_

11) Is the person aware of this referral? \_\_\_\_ Yes \_\_\_\_ No