

PLEASE SEND REFERRALS TO:

ATTLEBORO

TAUNTON Phone: 774-203-1516 // Fax: 774-203-1517 Phone: 774-501-2633 // Fax: 774-501-3760 Attention: Robert Mignacca, Program Manager Attention: : Sara Truitt, Program Manager Email: rmignacca@oldcolonyymca.org Email: struitt@oldcolonyymca.org Date of Referral: _____ Preferred Location: Attleboro Taunton Name of Parent/Guardian: Phone number: Address: Alternate Phone Number or Email Address: Name of Youth: DOB: Type of Health Insurance (referral purposes only): ______ Number of Household Members (supports/services are available to entire household: Primary Language of the Family: Referred By: _____ Title: ______ Phone Number: _____ Brief description of needs:

*** Please see reverse side for additional resource options ***

Please check all that apply:

Concrete Supports for Parents

- □ Housing
- □ Shelter
- □ SSI/SSDI
- □ Food Pantry
- □ Clothing
- □ Furniture
- □ Legal Assistance
- □ CRA Assistance

Parental Resilience

- □ Adult Education
- □ Child Abuse
- □ Mental Health Services
- □ Navigating School System

- □ Rental Assistance
- □ DTA
- □ Child Care
- □ SNAP
- □ Financial
- □ Transportation
- □ Utility Assistance
- □ Domestic Violence
- □ Health Related Issues/Concerns □ Substance Use Services □ Family Support Advocacy

Knowledge of Parenting/Child and Youth Development

- □ Parenting Education
- □ Early Intervention
- □ Head Start/Preschool
- □ Developmental Screening

Social Connections

- □ Support Groups
- □ Individual/Family Support
- □ Education/Recreational Activities

Nurturing and Attachments

□Playgrounds, Parent/Child Activities