

Talbert House Fatherhood Project

RELEASE OF REFERRAL INFORMATION

I, _____, agree to allow _____ to disclose initial contact information regarding myself and or my parenting partner, with the Talbert House Fatherhood Project. I understand the information disclosed is for the sole purpose of discussing potential services available. I also understand that this information will remain strictly confidential and I am under no obligation to disclose this information.

Signature
Date

I also agree to let _____ (Agency) fax or scan this Release of Information Form.

Signature
Date

Father's Information (Required)

Date: _____ Age of Father: _____

Client Name: _____

Client Contact #: _____

Additional Father Information (Optional)

Address: _____ Number of children: _____

_____ Age(s) of children: _____

Email: _____

Program components

- One-on-one coaching
- Co-parenting coaching
- Employment assistance
- Housing search assistance
- Legal assistance
- Parenting education
- Financial education
- Family violence prevention
- Father and child activities
- Domestic Violence
- Other

Fatherhood Project Staff Only

Assigned Staff Person: _____

Outreach Date: _____

Outcome: _____

If not interested why:
