**Hillside Family Opportunity Center**

**Referral and Enrollment Form**

**Caregiver Information**

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| --- | --- | --- |
| **Caregiver 1 Name** (last, first): | **DOB**:  | **Phone**: |
| **Caregiver 1 Address:** | **Email:** |
| **Gender**: [ ]  M [ ]  F [ ] Cisgender [ ] Gender Non-conforming [ ]  Non-binary [ ] Queer [ ] Questioning [ ]  Transgender identifies as Male [ ]  Transgender identifies as Female  |
| **Ethnicity:** [ ]  Hispanic/Latino [ ]  Non-Hispanic/Non-Latino**Race:** *(select all that apply)*[ ]  Black/African American [ ]  Caucasian [ ]  American Indian/Alaska Native [ ]  Asian/Pacific Islander [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Caregiver 2 Name** (last, first): | **DOB**:  | **Phone**: |
| **Caregiver 2 Address:** | **Email:** |
| **Gender**: [ ]  M [ ]  F [ ] Cisgender [ ] Gender Non-conforming [ ]  Non-binary [ ] Queer [ ] Questioning [ ]  Transgender identifies as Male [ ]  Transgender identifies as Female  |
| **Ethnicity:** [ ]  Hispanic/Latino [ ]  Non-Hispanic/Non-Latino**Race:** *(select all that apply)*[ ]  Black/African American [ ]  Caucasian [ ]  American Indian/Alaska Native [ ]  Asian/Pacific Islander [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Referral Source Information** |
| **Name:**  | **Email:** |
| **Agency:** | **Phone:** | **Referral Date:** |
| **Reason for referral:** |
| **Child/Youth Information** |
| **Child/Youth Name** (last, first): | **DOB**:  |
| **Gender**: [ ]  M [ ]  F [ ] Cisgender [ ] Gender Non-conforming [ ]  Non-binary [ ] Queer [ ] Questioning [ ]  Transgender identifies as Male [ ]  Transgender identifies as Female  |
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| **Relationship in family:** [ ]  Child [ ]  Grandchild [ ]  Sibling’s child [ ]  Unrelated youth |
| **Child/Youth Name** (last, first): | **DOB**:  |
| **Gender**: [ ]  M [ ]  F [ ] Cisgender [ ] Gender Non-conforming [ ]  Non-binary [ ] Queer [ ] Questioning [ ]  Transgender identifies as Male [ ]  Transgender identifies as Female  |
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| **Relationship in family:** [ ]  Child [ ]  Grandchild [ ]  Sibling’s child [ ]  Unrelated youth |

**For Staff Use Only - Enrollment**

|  |
| --- |
| **Location/Facility:** [ ]  Rochester: Mustard Street [ ]  Syracuse: Wyoming Street |
| **Staff Responsible:** | **Date:** | **Time:** |
| **Caregiver 1 address as of the night before enrollment:** |

**Please submit referral via email**

 **Onondaga County: Kim Kromer Murphy** **kkromerm@hillside.com** **ph. 315-992-4281**

 **Monroe County: Lacey Natello** **lnatello@hillside.com** **ph. 585-219-3028**