**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 | | | |
| **Ethnicity:**  Hispanic/Latino  Non-Hispanic/Non-Latino  **Race:** *(select all that apply)* Black/African American  Caucasian  American Indian/Alaska Native  Asian/Pacific Islander  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **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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**For Staff Use Only - Enrollment**

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| --- | --- | --- |
| **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**

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