



# REFERRAL-INTAKE FORM

Mother \_\_\_\_\_ Father/Partner \_\_\_\_\_

Child(ren) Name(s) / Gender / DOB \_\_\_\_\_

Phone(s) \_\_\_\_\_ Text \_\_\_\_\_

Email \_\_\_\_\_

Location \_\_\_\_\_

Current Services:  ARC  OnTrack  DHS  HF  NFP  FNC  Other \_\_\_\_\_

**Please note that some high needs cases may be beyond the skills and training of our volunteers.**

Tell us about the family (Please include information re: any physical and/or mental health concerns)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REQUESTING ASSISTANCE:

Infant Care  Toddler Care  Parenting Skills  Stress/Anxiety  Errands & Appts.

Other (explain) \_\_\_\_\_

**NOTE: G2G volunteers do not take over sole care of children (i.e. babysit) or drive any family members.**

### REFERRAL INFORMATION:

Contact Name \_\_\_\_\_

Referring Agency \_\_\_\_\_ Date \_\_\_\_\_

Phone(s) \_\_\_\_\_ Text \_\_\_\_\_

Email \_\_\_\_\_

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**(FOR G2G OFFICE USE)**

Date / Notes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Every baby needs a grandma! Every family needs a coach!**

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