



**Community
Legal Aid** CENTRAL AND
WESTERN MA

Family
Preservation
Project

DCF Referral Form
Questions? Contact Maddy Blanchette:
413.727.7109 or mblanchette@cla-ma.org

Initial Screening

What is client's citizenship status? Citizen LPR (green card holder) Other

Do you have reason to believe this client is low-income? YES NO

What are the primary barriers to closure for this case?

Referring Party Information

Name _____ Job title _____

Email _____ Phone _____

Office Van Wart High Street Holyoke Supervisor _____

Reason for referral:

Client Information

Name _____ Phone _____

Address _____ Zip Code _____

Email _____ DOB _____

Gender _____ Racial Identity _____

Social Security #: XXX-XX-_____ Native Language _____

Have you spoken to the client about FPP? YES NO

Check every safe contact method. phone voicemail text e-mail home mail home visit

Any Adverse Parties

This might be a landlord, ex-partner, or other individual who is in a legal dispute with the identified client.

Name: _____ DOB: _____ Nature of relationship: _____

Comments:

Household Information

Name	DOB	Relationship to client

Income Information

Amounts can be approximate. Please include SSI, SSDI, child support, employment, or any other form of income.

Name	Income Source	Amount	Frequency

Does the household receive food stamps? YES NO Amount: _____

Is the client on MassHealth? YES NO

Completed forms & Questions

Aimee Cameron-Browne, Regional Counsel	aimee.cameron-browne@state.ma.us	413-887-6970
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