



## Referral Form

Teen Parent Connection offers doula services, childbirth education classes, group services and home visiting services for young parents 12-22 years old in and around DuPage County. Participation is voluntary and information is confidential.

Parent's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Baby's Date of Birth/Due Date \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell/Alternate Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Bilingual:  Yes  No

Language Preference:  English  Spanish  Other: \_\_\_\_\_

*If you prefer Spanish speaking services your information may be shared with one of our community partners, including Dupage County Health Department and Family Focus.*

**Comments:**

Name of Referring Agency & Contact Person: \_\_\_\_\_

Phone Number \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number \_\_\_\_\_ Please print

I give \_\_\_\_\_ permission to release my information to Teen Parent Connection.

I agree to have Teen Parent Connection contact me about their programs.

Verbal consent to contact given.

I give permission to Teen Parent Connection to share my information with a community partner in the case that I am ineligible for TPC programs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email this form to [angelinas@teenparentconnection.org](mailto:angelinas@teenparentconnection.org) or fax to 630-790-4530.  
For more information or to refer by phone, call (630)790-8433 ext 239.