



Power of Two Referral Form

Eligibility Criteria**Community Referral**

Brownsville and immediately surrounding areas: Brownsville parents and other caregivers (relatives, foster parents, etc.) caring for a child (or children) between 6months – 24 months of age.

Foster Care Referrals: All of Brooklyn and the Bronx

All primary caregivers with a child (or children) between 6months – 48months who are or were recently involved with the foster care system. Specifically, caregivers are eligible if the child is:

- **At Home:** Parent or legal guardian is caring for the child
- **In Placement:** Foster parent is caring for the child
- **On Trial Discharge:** Parent is caring for the child
- **Reunified with Parent:** Parent is caring for the child
- **Freed for Adoption or Other Permanent Arrangement:** Parents or Kin may enroll

Referral Information

Referred by (Name of person making referral):	Date referred:
	Office phone:
Name of Organization:	Cell phone:
	Email:

Family Details

Name of Primary Caregiver:	Relationship of Current Primary Caregiver to the Child:		
Gender of Primary Caregiver:	<input type="checkbox"/> Parent	<input type="checkbox"/> Foster Parent	
Home phone:	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Godparent
Cell phone:	<input type="checkbox"/> Cousin	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other: _____
Email:			
Address:			
Preferred Method of Contacting Primary Caregiver:	<input type="checkbox"/> Home/Cell phone	<input type="checkbox"/> Email	<input type="checkbox"/> Text
Best Time to Contact Primary Caregiver:	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend
Best Time to Visit Primary Caregiver:	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend

Child Details

Child's Name:	Child's Age (in months):	Child's DOB:
Child's Gender:	PO2 Case ID (for Power of Two Purposes Only):	

Additional Family Info

Are There Other Children in The Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, How Many:	Ages of Other Children: <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-12 <input type="checkbox"/> 13+
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Please include any details that may help us better understand the child and primary caregiver (i.e. how long have you been working with the family?, any particular areas of concern? Any information that you think may be helpful for the Parent Coach to know):

Will the family be in the greater Brownsville area for the duration of the ABC program (i.e. 10 weeks):
 Yes No

Please send referrals to: referrals@powerof2.nyc