



Family Enrichment Services Enrollment Form

Please e-mail to Melanie Brevard at Mbrevard@cacgreaterwtx.org

Program Information

Date of Referral: _____

Program use only (please specify program):

☐ **Parents Mentor®**: home visitation once per week for 3-9 months. focusing on parent-child relationships and the overall well-being of the family.

☐ **Parents as Teachers®**: home visitation focusing on child development, parent-child relationships, and the overall well-being of the family (prenatal – 5 years)

Parent Information

Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

E-mail Address _____

Agency Information

Referring Agency _____ Contact _____

Phone Number _____ Fax Number _____

E-mail Address _____

Child Information

Please complete for all children in the home

Name _____ Age _____ ☐ M ☐ F DOB _____

Name _____ Age _____ ☐ M ☐ F DOB _____

Name _____ Age _____ ☐ M ☐ F DOB _____

Name _____ Age _____ ☐ M ☐ F DOB _____

Additional Information

I, _____, give permission for _____ to refer my family for services and
(print parent name) (Individual making referral)
release my name and phone number to **The Children's Advocacy Center of Greater West Texas, Inc.** I understand that this information will only be used
by **The Children's Advocacy Center of Greater West Texas, Inc.** to offer my family free and voluntary services.

Parent Signature

Date