

Resource Family Navigation/Cohort Referral Form

Process:

- CYFD: Submit referral to Resource Family Program Manager Gaby Soto
 - gsoto@ndnm.org
- Resource Family Program Manager will contact family within 1-2 days after receiving referral

Referral for : **Navigation** **Cohort**

Name: _____

Phone Number: _____ Email: _____

Do they currently have a youth placed in the home? Yes ____ No ____

CYFD FACTS# _____

Placement Worker Info:

Name: _____

Phone Number: _____ Email: _____

County Office: _____

Supervisor: _____

FOR NAVIGATION REFERRALS ONLY

Name of organization conducting Home Study: _____

Contact information: _____

Name of person referring Department

Signature Date