



**Referral Form For  
Seeking Safety for African American Males Impacted by Violence**

**Participant Information:**

Name:	
Date of Birth:	Race/Ethnicity:
Contact Numbers:	Message ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Best Time To be Contacted:	
Address: City, State, Zip:	

**Parent or Legal Guardian Information (for minors):**

Name of Parent or Legal Guardian:	Address:
Contact Numbers:	
Type of setting: <input type="checkbox"/> Home <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Other	

**Referral Source Information:**

Name:	Agency:
Phone#:	Email address:

**Reason for Referral:**

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**REFERRALS CAN BE SENT TO:  
FAMILY OUTREACH CENTER  
1939 South Division, Grand Rapids, MI. 49507  
PH: (616) 247-3815 FAX: (616)245-0450**