## Strong dads make a difference.

The FELLAS Fatherhood Program engages fathers throughout Essex County to promote healthy relationships, strengthen parenting skills, and increase economic stability through group workshops, in-home sessions, and personalized support. FELLAS - Fathers Empowered to Learn, Lead, and Achieve Success - helps fathers and families thrive.

| Participant Eligibility Checklist (To be completed by referring organization/provider) |  |  |
| :--- | :--- | :--- |
| Is the father at least 18 years old? | Yes No | Yes |
| Is the father a current resident of Essex County, NJ? | No |  |
| Does the father have a child 24 years or younger (including in utero)? | Yes |  |

## REFERRAL SOURCE:

Name: $\qquad$ Title: $\qquad$
Agency: $\qquad$
Phone: $\qquad$ Email: $\qquad$
Relationship to Father:

## Reason for Referral/Comment:

## FATHER INFORMATION:

Name: $\qquad$ Primary Language: $\qquad$
Address: $\qquad$ City/State/Zip: $\qquad$
Phone: $\qquad$ Email: $\qquad$
CHILD(REN)'S INFORMATION:

| Child(ren)'s Name: | Age(s): | Currently Resides with You: |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Yes O | No |  |
|  |  | Yes $\bigcirc$ | No |  |
|  |  | Yes $\bigcirc$ | No |  |
|  |  | Yes | No |  |
|  |  | Yes O | No | $\bigcirc$ |

Please email this completed referral form to fellas@partnershipmch.org with "FELLAS Referral" in the subject line. One of our Fatherhood Program Specialists will contact the father within 2 working days. Thank you for your partnership!
These services are provided to eligible persons regardless of race, gender, age, disability, or religion. The production of this referral form was supported by Grant \# 90ZJ0040-01-00 from the Association for Children and Families (ACF). Its contents are solely the responsibility of the Partnership for Maternal and Child Health of Northern New Jersey and do not necessarily represent the official views of ACF.

