



SPERO FAMILY SERVICES  
HOPE • HELP • HEALING

**SPERO FAMILY FOUNDATIONS**

**REFERRAL FOR SERVICES**

Spero Family Foundations utilizes the Nurturing Skills for Families curriculum to empower parents to become positive leaders of their families so that they are better equipped to listen, nurture, communicate and safely discipline. Through this 20-session program, families meet with a Family Intervention Specialist for a minimum of one (1) hour a week, for approximately six (6) months, to learn critical skills and behaviors that foster empathy, build communication, develop appropriate rules/expectations, increase knowledge of available community resources, learn problem-solving strategies, and gain a sense of community with other families in the program. This service is provided to:

- Families with children up to age 11, residing in Jefferson County or within 30 miles of Mt. Vernon, IL;
- OR**
- Child Welfare System Intact or Placement families with children up to age 18, residing in the Illinois counties of Clay, Hamilton, Jefferson, Marion, or Wayne.

**Date of Referral:** \_\_\_\_\_

DEMOGRAPHICS				
Primary Caregiver:			Date of Birth:	
Address:		City:		
Zip Code:	County:	DCFS ID#		
Phone:		Alt Phone:		
Relationship to the child: <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other (specify):				
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (specify):				
Secondary Caregiver:			Date of Birth:	
Address:		City:		
Zip Code:	County:	DCFS ID#		
Phone:		Alt Phone:		
Relationship to the child: <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other (specify):				
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (specify):				
Child's name (last, first, mi):	Date of Birth:	Gender:	Race:	DCFS CYCIS ID# (If applicable)

<b>RISK FACTORS (Check all that apply)</b>		
<input type="checkbox"/> Attendance issues	<input type="checkbox"/> Financial Issues	<input type="checkbox"/> Parent Substance Abuse
<input type="checkbox"/> Basic Needs Unmet	<input type="checkbox"/> Inadequate Social Skills	<input type="checkbox"/> Placed out of Home
<input type="checkbox"/> Bullying	<input type="checkbox"/> Juvenile Del./Court	<input type="checkbox"/> Sexually Acting Out
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Parent - Child Conflict	<input type="checkbox"/> Special Needs Child/Parent
<input type="checkbox"/> Child Behavior	<input type="checkbox"/> Parental Conflict	<input type="checkbox"/> Unstable Housing/Homeless
<input type="checkbox"/> Child Medical Needs	<input type="checkbox"/> Parent Death	<input type="checkbox"/> Other - please specify:
<input type="checkbox"/> Child Mental Health	<input type="checkbox"/> Parent Illness	
<input type="checkbox"/> Child Neglect	<input type="checkbox"/> Parent Incarceration	
<input type="checkbox"/> Child Substance Abuse	<input type="checkbox"/> Parent Mental Health	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Parent Separation	

<b>SCHOOL INFORMATION</b>			
<b>Name of school:</b>			<b>Dist. #:</b>
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Contact Person:</b>			<b>Title/Role:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Grade level:</b>	<b>IEP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>504:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Educational Plan:</b> <input type="checkbox"/> BD <input type="checkbox"/> LD <input type="checkbox"/> DD <input type="checkbox"/> Speech & Language			
<input type="checkbox"/> Other (please specify):			

<b>REFERRAL SOURCE</b>		
<b>Name:</b>		<b>Title/Role:</b>
<b>Organization:</b>		
<b>Address:</b>		
<b>City:</b>		<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Supervisor:</b>		
<b>Phone:</b>	<b>Email:</b>	
<b>Why are you referring this family to Spero Family Foundations:</b>		

Please send completed forms to:

Spero Family Foundations  
 Attn: Warren Jackson  
 107 Shiloh Drive ♦ Mt. Vernon, IL 62864  
 Fax: (618) 242-6726 ♦ Phone: (618) 242-6944