Fatherhood Initiative of Florida
Healthy Start
Florida Association of Healthy Start Coalitions

Dad Information

Name: _____
First M.I. Last
Date of Birth: _____ Primary Phone Number: _____
Other Phone Number: _____ Email Address: _____
Street Address: _____ Apt/Unit #: _____
City: _____ State: _____ Zip: _____
Language(s) Spoken: ☐ English ☐ Spanish ☐ Haitian Creole ☐ Other:
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widower
Does the participant have any children? ☐ No, this is/will be first child ☐ Yes, has other children (#_____)
Name of Parent/Guardian:
(if under the age of 18) _____ Relationship to Participant _____

Mom and Infant/Child Information

Mom Name: _____ Mom DOB: _____
Child/Infant Name: _____ Infant/Child DOB: _____
Referral Reason: ☐ Mother is in Healthy Start ☐ Mother is in other Home Visiting Program
☐ Mother is pregnant and NOT receiving any Home Visiting Services
☐ Infant/Child is in Healthy Start ☐ Infant/Child is in other Home Visiting Program
☐ Infant/Child is NOT receiving and Home Visiting Services

Referral Information

Person Making Referral: _____ Date Referred: _____
Agency/Program: _____ Phone Number: _____
Email Address: _____ Fax Number: _____
Best way to contact Dad: _____

Release of Information Consent

I,_____(print name of dad or minor dad's legal guardian), give my permission for _____ (person making referral), to share any and all pertinent information regarding me or my child, _____ (print child's name) with the T.E.A.M Dad Program listed above and the Referring Agency to learn more about the program and determine eligibility.

I have read this Consent before signing and fully understand the contents, meaning and impact. I understand that I am free to address any specific questions and have done so prior to signing this Consent. I understand that I have the right to revoke my consent by informing representatives from the T.E.A.M. Dad program.

Signature: _____ Date: _____
(☐ Participant or ☐ Parent/Legal Guardian)

This form will expire 60 days from date of signature.