



Referral Form

Teen Parent Connection offers doula services, childbirth education classes, group services and home visiting services for young parents in DuPage County. Participation is voluntary and results are confidential.

- Support Groups for parents ages 13 -22**
- Healthy Families for parents ages 13-19**
- Childbirth Education Classes/Doula for parents ages 13-22**
- Parent must be a DuPage County Resident**

Parent's Name _____ Date of Birth _____ Age: _____

Baby's Date of Birth/Due Date _____

Address _____

Town _____ Zip Code _____

Phone Number _____ Cell/Alternate Phone Number _____

Email: _____

Bilingual: Yes No

Language Preference: English Spanish Other: _____

If you prefer Spanish speaking services your information may be shared with one of our community partners including, Dupage County Health Department and Family Focus.

Comments:



Name of referring agency: _____

Please print

Contact Person: _____

Phone Number _____ **ext.** _____ **Fax Number** _____

I give _____ permission to release my information to Teen Parent Connection.

I agree to have Teen Parent Connection contact me about their programs.

Verbal consent to contact given.

Parent Signature _____ Date _____

Witness Signature _____ Date _____

Fax to Teen Parent Connection: (630) 790-4530

Phone: (630)790-8433 x309