



REFERRAL FORM

FOCUS resilience training is a strength-based skill building program for military service members and their families. During individualized training sessions, couples, children and parents learn practical skills to enhance communication, emotional regulation, goal setting, problem solving, stress management and family resilience. FOCUS is designed for couples and families with the following characteristics: at least one active duty service member, availability to participate in the FOCUS program, and for the family track, at least one child aged 3-18 years. Families with active domestic violence or child mistreatment (child physical/sexual abuse or neglect) are not appropriate for this service.

Family Contact Information

Partner Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Partner Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_
Address: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_
Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_
Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_
\_\_\_\_\_

Date of Referral: \_\_\_\_\_ Is the family aware that you are referring them to FOCUS? Y N

Contact Information of Person Making Referral

Name: \_\_\_\_\_ Agency: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*Parent Permission to Contact \*\*

If possible, please have family interested in FOCUS resilience training complete this section of the Referral Form so that we can ensure awareness of the reason we will be calling.

I, \_\_\_\_\_, hereby grant FOCUS staff permission to contact me at the phone number indicated above in order to provide me with information about the services offered through the FOCUS program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your referral to the FOCUS Program. Please fax form to:

FOCUS MCAS Miramar
2273 Elrod Ave, San Diego, CA 92145
P: (858) 577-1607
F: (760) 859-3632
E: miramar@focusproject.org