



Greater Hazelwood Family Center
5006 Second Avenue
Pittsburgh, PA 15207
Phone: (412) 904-2005 Fax: (412) 904-2729

COTRAIC Inc. Greater Hazelwood Family Center Referral Form

Referral Guidelines

1. To refer a potential family for enrollment, please complete this form and fax it to (412) 904-2729, or mail it to Greater Hazelwood Family Center ** 5006 Second Avenue ** Pgh, PA 15207. You may also E-Mail forms to dgill@cotraic.org
2. Families must reside in the 15207 area.

Information of Referring Agency

Organization's Name: _____ Date: _____

The person making the Referral : _____ Department: _____

E-Mail Address: _____ Phone No: _____

Referral Information

Name of person being referred: _____

E-Mail Address: _____

Phone No: _____

Address: _____

Does the person being referred have children 0-5? Yes ___ No ___

Has this person been enrolled in a family center before? Yes ___ No ___

If yes, where? _____

For Office Use Only

Date Received: _____ FDS Name: _____

Date Contacted: _____ **Intensive or General** _____