



SANTA CLARITA DCFS
FATHER STRONG REFERRAL

PLEASE TYPE ONLY. HANDWRITTEN FORMS WILL NOT BE PROCESSED.

CLIENT'S INFORMATION

First Name :

Last Name :

Date of Birth (MM/DD/YYYY) :

Language :

English

Spanish

DCFS State ID :

Name of Youngest Child :

Date of Birth (MM/DD/YYYY) :

DCFS Service Component :

ER

VFM

FM

FR

PP

Phone Number :

Email Address :

Participation in the Santa Clarita DCFS Father Strong program is open to all fathers who are receiving services through the Department of Children and Family Services (DCFS). However, please note that individuals with a criminal record or substantiated child welfare history related to sex offenses or crimes are not eligible to participate in this program. This policy ensures a safe and supportive environment for all participants. We appreciate your understanding and cooperation.

REFERRED BY

CSW Name :

CSW Telephone:

CSW Office :

CSW Signature :

Date :

Email your completed referral to Father Strong Clerk, Martha E. Martinez martim2@dcfs.lacounty.gov