



**Day 2 Day Dads: A Responsible Fatherhood Program**  
**Participant Referral and Intake Form**  
 Email: [dads@frcsa.org](mailto:dads@frcsa.org)  
 Mail: 3825 Barrett Dr. Suite 104 Raleigh, NC 27609  
 Phone: 919-834-9300 ext. 210 Fax: 1-866-312-5783



Date of referral: \_\_\_\_\_ Referral Contact Person & Agency: \_\_\_\_\_

Referral Contact phone no.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Referral Contact's Email Address: \_\_\_\_\_

**\*\*Name of Father being referred:** \_\_\_\_\_

**Reason for Referral (include contact info above):** \_\_\_\_\_

**How did you hear about our program?**

TV /Radio  Facebook/Instagram  Flyer  Community Event  Friend/Family  Other \_\_\_\_\_

**\*\*Best Phone Number to Reach Referred Father:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Way to Reach You: Phone Email Text

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) **\*\*What is your age?** \_\_\_\_ (years)

**Race:**  African American/Black  White  Asian American Indian/Alaskan Native  More Than One Race  
**Ethnicity:**  Hispanic  Non-Hispanic

**Employment Status:**  Full-time  Part-time  Retired  Student  Disabled  Seasonal  Unemployed  Self-employed

**\*\*I can attend a 2-hour workshop during these times of day (check all that apply):**  
 Morning (9a-11a)  Afternoon (12p – 3p)  Evening (4p-9p)

**\*\*I can attend a workshop in the following counties:**  Durham  Edgecombe  Wake

I understand that participation in Success Coaching with Day 2 Day Dads is a requirement of this program. Initial Here: \_\_\_\_\_

**\*\*Age and sex of children for whom you are a father:**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

**For D2DD Staff Use Only – DO NOT WRITE IN THIS BOX.**

nFORM # \_\_\_\_\_ Enrollment date: \_\_\_\_\_  
 Desired Workshop: \_\_\_\_\_ Participant ID# \_\_\_\_\_  
 Participant Type:  II  CI