



FATHERS FIGHTING 4 FATHERS COMMUNITY MENTORSHIP, INC.
A 501(c)(3) Nonprofit Organization
424 South Pulaski Street, Baltimore, MD 21223
www.fathersfighting4fathers.org | hr@fathersfighting4fathers.org | 443-653-3108

AGENCY & COMMUNITY REFERRAL CHECKLIST

Agency / Community Corridor Name: _____

Contact Person & Title: _____

Date: _____

Contact Number for Individual Being Referred: _____

1. Referral Type (check all that apply):

- Educational Mentorship
- School-Based Support (PTA, classroom involvement, fatherhood programs)
- Youth Mentorship (ages 11–24)
- Family Mediation / Co-Parenting Support
- Returning Citizens / Re-entry Services
- Employment or Workforce Development Referral
- Wellness & Holistic Support (mental health, art & wellness, safe spaces)
- Parenting Classes & Family Engagement
- Court / Legal System Support (DJS, DHS, DPSCS referrals)
- Other: _____

2. Population Served (check all that apply):

- Fathers
- Mothers
- Youth (11–17)
- Young Adults (18–24)
- Returning Citizens (Re-entry)
- Families in Crisis
- Other: _____

3. Education (check all that apply):

- Elementary (Pre-K – Grade 5)
- Middle School (Grades 6 – 8)
- High School (Grades 9 – 12)
- Post-Secondary (College / Trade School)
- Adult Education / GED Programs
- Other: _____

4. Immediate Needs Identified:

- Housing Support
- Food / Basic Necessities (clothing, diapers, supplies)
- Mental Health Services
- Academic Tutoring / School Support
- Mediation / Conflict Resolution
- Employment Training & Placement
- Substance Abuse / Recovery Support
- Care Packages for Men (Returning Home from Incarceration)
- Other: _____

5. Agency Action Steps:

- Schedule Intake Meeting with FF4F
- Provide Case Manager Contact
- Share School / Community Referral Data
- Follow-up Required: Yes No

Notes: _____

FF4F will provide a progress report within the first three (3) weeks of contact with each referral to ensure accountability and measure engagement.

6. Fathers Fighting 4 Fathers Follow-Up:

- Intake Completed (Date: _____)
- Case Assigned to Mentor
- Family Connected to Resources
- Progress Update Sent to Referring Agency (Date: _____)
- Additional Services Needed: _____

Signature of Referring Agency/Community Corridor Staff: _____

Signature of FF4F Staff: _____

Disclaimer: Fathers Fighting 4 Fathers Community Mentorship, Inc. is committed to transparent and consistent communication with our partners. We will provide a follow-up progress report within three (3) weeks of the referral date to ensure accountability, track family engagement, and measure outcomes.

Warm regards,

Marilyn Goldstein – Outreach Coordinator
hr@fathersfighting4fathers.org | 443-653-3108
424 South Pulaski Street
www.fathersfighting4fathers.org