



ARTogether

Through play & art experiences during visits, families can open communication and re-build their family, while having fun together!

Please send all referrals to ARTogether@cmany.org or fax to 212-274-1776

ALL REFERED FAMILIES MUST:

- Have no more than 2 adults and 3 children per family visit
- Have children between the ages of 3-12 years old (For younger children please consult with CMA Program Director, Rachel Rapoport)
- Be agreeable to visit guidelines set in the initial planning meeting
- Be working toward reunification, adoption, or currently receiving preventive services
- Be substance free and willing and able to follow rules of the museum.
- Be committed to participating in each scheduled visit

Date: _____

Referring Information:

Organization Name: _____

Address: _____

City, State, Zip:

Referral Contact Name: _____

Title: _____ Phone: _____

Email: _____

Name of Family Worker: _____ Phone: _____

Family worker email: _____

Child(ren) Information:

Name: _____ Date of Birth: _____ Male

Female

Address: _____ Home Phone: _____

Ethnicity: African American Asian Caucasian Hispanic

Native American Other _____

Primary language: _____ English translator needed? Yes No

Allergies/Medication? No Yes _____

Services child currently receives:

Additional Information for visit facilitator:

Name: _____ Date of Birth: _____ Male
Female
Address: _____ Home Phone: _____
Ethnicity: African American Asian Caucasian Hispanic
Native American Other _____
Primary language: _____ English translator needed? Yes No
Allergies/Medication? No Yes _____
Services child currently receives:

Additional Information for visit facilitator:

Name: _____ Date of Birth: _____ Male
Female
Address: _____ Home Phone: _____
Ethnicity: African American Asian Caucasian Hispanic
Native American Other _____
Primary language: _____ English translator needed? Yes No
Allergies/Medication? No Yes _____
Services child currently receives:

Additional Information for visit facilitator:

Parent Information:

Mother's Name: _____ DOB: _____
Address: _____
Home Phone: _____ Mother's Phone # Cell: _____
Work: _____
Ethnicity: African American Asian Caucasian Hispanic
Native American Other _____
Level of Income: High Moderate Low
Mother's primary language: _____ Translator needed? No Yes

Father's Name: _____ DOB: _____
Address: _____
Home Phone: _____ Father's Phone # Cell: _____
Work: _____
Ethnicity: African American Asian Caucasian Hispanic
Native American Other _____
Level of Income: High Moderate Low
Father's primary language: _____ Translator needed? No Yes

How long has the family been separated? _____

Additional Information for visit facilitator:

Reason for Referral:

