



TEENAGE • EDUCATION • AND • MOTHERHOOD

T.E.A.M.

FAX REFERRAL FORM

Fax: (716) 484-6970

To: Teenage Education and Motherhood

From: _____ Is client Pregnant? Yes No Has Child

Phone: _____ Due Date: _____ Child Age: _____

We Offer:

- Childcare While in School
 - Parenting Classes
- Core Education Classes
 - Support Services

Client Information

Name _____ DOB _____

Phone Number _____ Alt # _____

Address _____ City _____

High School _____ Last Grade Completed _____

Guidance Counselor _____

Prefer we contact you by text, calling, or during school?

I give my consent to share the above information with the TEAM Program. I understand that someone from the TEAM Program will be contacting me regarding the program and the services they offer.

Signature _____ Date _____

Chadakoin Center, Suite 200
120 West Third Street
Jamestown, New York 14701
Phone: (716) 664-5860 Fax: (716) 484-6970