

# **Lutheran Family Services** *of Nebraska, Inc.*

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## Fatherhood Initiative Project

Date: \_\_\_\_\_ Referred by whom: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Employment Status: Unemployed Part-Time Full-Time (Must be below 200% poverty guidelines)

Are you the non-custodial parent: Yes / No

U.S. Citizen: Yes / No

Are you currently receiving services from another LFS program? Yes / No

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit referrals to [Fatherhoodintake@lfsneb.org](mailto:Fatherhoodintake@lfsneb.org)

\_\_\_\_\_  
Applicant Signature / Date (if applicable)

\_\_\_\_\_  
Referring Staff Signature / Date



A United Way Agency



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