Healthy Families New York – Father/Father Figure Group Form

1. Group Date ☐☐ / ☐☐ / ☐☐	**2. Group Title**
3. Fatherhood Advocate Group Moderators First Name Last Name	First Name Last Name
4. Number of group participants ☐☐	**5. Group Topic/Activities Description**

6. List Group Participants who are associated with an enrolled HFNY family *(Use multiple pages if necessary)*

Father/Father Figure's Name (please print)	**PC1 ID**
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Date Form Submitted	Reviewer's Initials	Date of Data Entry	Initials of Data Entry Operator