

## **Parent Profile (Referral/Intake) Form**

### **Purpose:**

This form is a communication tool for the referral process and is used to collect general intake information needed by the Parent Partner Program to provide support for the parent.

### **Who completes form?**

- Referring person should complete as much of the form as possible (aside from the section for program use only) and forward to the Local Coordinator via e-mail or hard copy.
- The Local Coordinator and/or Lead Parent Partner should meet with the parent to complete the rest of the form.

### **When is form to be completed?**

- This will allow the Local Coordinator to make a decision to provide support for the parent.
- Upon completion of this form it must be entered into the database within 30 days.

### **What to do with form?**

- This form contains **confidential information** about an individual and should be respected as such. It should never be left out unattended, nor should the information be shared with others. Treat the information as securely as you'd want others to treat your personal information.
- The form should be handled by the Local Coordinator and/or Lead Parent Partner and is kept in the program folder for the individual.

### **How is the information used?**

- This information is primarily used to determine whether or a not an individual will be accepted as an appropriate referral.
- This information will be used to determine a Parent Partner match.

### **Where is this information kept after the family is no longer involved?**

- Ten years following an individual's exiting the program, this form is destroyed.



## PARENT PARTNER PROGRAM - PARENT PROFILE REFERRAL AND INTAKE FORM

### REFERRAL INFORMATION

Person Making Referral: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

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

Referral agency:  DHS  Self  Other: \_\_\_\_\_

Does the family know a referral is being made?  Yes  No Release signed?  Yes  No

Reason for referral: \_\_\_\_\_

Has the family attended a Pre-Removal Conference (PRC)?  Yes  No

Date of PRC (if different from referral): \_\_\_\_\_ Time of PRC: \_\_\_\_\_

Current concerns:  Domestic Violence  Substance Abuse  Mental Health—Parent  
 Housing  Physical Abuse  Mental Health—Child(ren)  
 Child(ren) Supervision  Sexual Abuse  Other \_\_\_\_\_

DHS Worker (if different from 'Person Making Referral'): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PARENT INFORMATION

Referred Parent Name (Last, First): \_\_\_\_\_  Mother  Father

Parent FACS ID#: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Youngest Child FACS ID#: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*(Street Address, City, State, Zip Code)*

County \_\_\_\_\_ Email Address: \_\_\_\_\_

### FAMILY INFORMATION

Other Parent Name (Last, First): \_\_\_\_\_  Mother  Father

Has this parent been referred to the PP program?  Yes  No

**(Turn over for page 2)**

Does this parent share custody of children?  Yes  No  Other

Explain: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have the children been removed from the home?  No  Yes— Date of removal: \_\_\_\_\_

Child(ren) placement information \_\_\_\_\_

Has this family had prior involvement with DHS?  Yes  No

If yes, when & why? \_\_\_\_\_

Date of next FTM: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Date of next court date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Full Name of Family Member	Relationship to Parent	Date of Birth (MM/DD/YY)	Gender (M/F)	Race*	Hispanic/Latino?
	<b>PARENT (SELF)</b>				

\*Mark all that apply: American Indian/Alaska Native (AI/AN), Black/African American (B), White (W), Asian (A), Native Hawaiian/Other Pacific Islander (NH/PI), Don't Know (DK), Refused (R) or "Other"— specify.

Attempts to contact parent	Date	Type (phone, email, FTF)	Comments

Result of referral:  Client accepted  Client declined services  Client not accepted for services

PP Assigned (name): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Entry of Intake in database: \_\_\_\_\_ Date of Intake Completion: \_\_\_\_\_