



Parent Education Program Referral

1. Please complete this form with the parent/guardian. Fax completed referral form to (502) 596-1421 or email PASS@homeoftheinnocents.org
2. If you have questions about the Parent Education Program or a particular referral, please call 596-1306.
3. PLEASE DO NOT LEAVE ANY BLANKS – if something does not apply, indicate with “n/a”.

Any information obtained through this referral is confidential and is intended for use by Home of the Innocents to provide the necessary services for the stated client(s) and his/her family in accordance with all local, state, federal, and other regulatory requirements.

Date of Referral: ____/____/____

Name, Title, and Agency of Person Making Referral: _____

Phone Number and Email of Person Making Referral: _____

Type of referral (check <u>only one</u>):	<input type="checkbox"/> Level 1	(LOW RISK: no previous court history, no history of domestic violence, No current or prior CPS involvement, minimal family issues)
	<input type="checkbox"/> Level 2	(MODERATE RISK: active/prior history in family court, no juvenile court History, no CPS involvement within last 3 years, no history of family Violence)
	<input type="checkbox"/> Level 3	(HIGH RISK: previous family and/or juvenile court history, current/prior CPS involvement, multiple family issues)

Information about the Parent(s):

Parent's (or petitioner's, if applicable) full name: _____

Parent's Date of Birth: _____

Parent's Social Security Number _____

Parent's address (including city, state, zip code and county):

Parent's phone number and best time to call: _____

Are there family members, including parent being referred for class, with a history of mental health problems or substance abuse?

☐ Yes ☐ No

If "yes", please explain: _____

Do any family members have current or past cases pending in the court system (including family court and criminal court)?

☐ Yes ☐ No

If "yes", please explain _____

Does your family have a "worker" from Child Protective Services (CPS), Family Court, or other agency? ☐ Yes ☐ No

If "yes", please provide worker's name and phone number: _____



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Is there a case in Family Court? ☐ Yes ☐ No

If "yes" please fill out the following section:

Family Court Division: _____

Family Court Case Number: _____

Why is this family being referred? Please describe the presenting problems in detail: _____

Information about the Child(ren):

Name	DOB	Gender	Race
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Child/Children Currently Lives With: _____ Relationship: _____

Is this person the legal guardian? ☐ Yes ☐ No

If "no", please list guardian's name and phone number: _____

Will any children be attending class with the parent? ☐ Yes ☐ No

If yes, please indicate which child/children: _____

Office Use Only

Date Received: _____

CONTACTS

1st Attempt: _____

2nd Attempt: _____

3rd Attempt: _____