



STEP BY STEP Parenting Referral Form

The House Next Door

804 S. Woodland Blvd. DeLand, FL 32724

Phone: 386-734-7571 Fax: 386-342-6366

Email Referrals to parenting@thehnd.com

►►FEE: There is NO COST to the family being referred to Parenting Classes

Child must be birth to 36 months or parent is pregnant

ONLY INFANTS UNDER 6 MONTHS ALLOWED TO ATTEND WITH PARENT(S).

Parent must find child care for any child over 6 months

Parent/Guardian Name(s): _____ Date of Birth: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Address: _____ City: _____ Zip: _____

Referring person (print): _____ Agency _____

Phone # _____ Fax # _____ Date _____

**WHY IS CLIENT BEING REFERRED? CHECK ALL APPROPRIATE CATEGORIES.

Empathy lacking Child left unattended Excessive corporal punishment.

Lack of control of child Excessive negative verbal language Necessary medical needs not provided.

Dependency or Voluntary Other (explain) _____

YES NO IS REUNIFICATION A PART OF PARENT'S CASE PLAN?

****REFERRAL IS FOR NEGLECT AND/OR NON-ESCALATING ABUSE NOT REQUIRING MEDICAL ATTENTION**

IMPORTANT! Specific, detailed background info needed about the family. Any injunctions or no-contact orders we need to know? Can all parties attend together?

►Send completed referral to **FAX: 386-342-6366** or email to parenting@thehnd.com◀

Child's First Name	Child's Last Name	Birthdate or Age	Child in home? In foster care?	Child's Social Security #