



STEP BY STEP Parenting

Referral Form

The House Next Door

114 S. Alabama Avenue DeLand, FL 32720

Phone: 386-860-1776 Fax: 386-943-8823

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): _____
 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: 386-943-8823 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 #