



MAKING CHANGES Parenting

Referral Form

The House Next Door
 121 W. Pennsylvania Ave.
 DeLand, FL 32720

Phone: 386-734-2236 Fax: 386-943-8823

Linda Carson, Lead Family Preservation Specialist

Gina Wells, Administrative Assistant, Parenting Department

Email Referrals to parenting@thehnd.com

Child/Children must be 3 – 11 years of age

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

**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/Email _____
 Phone # _____ Fax # _____ Date of Referral: _____

****REASON FOR CLIENT REFERRAL. 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) _____
 IS REUNIFICATION A PART OF PARENT'S CASE PLAN? YES NO
****REFERRAL IS FOR NEGLECT AND/OR NON-ESCALATING ABUSE NOT REQUIRING MEDICAL ATTENTION**
IMPORTANT! SPECIFIC, DETAILED FAMILY BACKGROUND INFORMATION IS NEEDED. INCLUDE ANY INJUNCTIONS OR NO-CONTACT ORDERS THAT MAY APPLY. CAN ALL PARTIES ATTEND TOGETHER?

 IDENTIFY SPECIAL NEEDS (IF ANY): _____

▶ Send completed referrals 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 #