



# STEP BY STEP Parenting

## Referral Form

*The House Next Door*

121 W. Pennsylvania Avenue DeLand, FL 32720  
 Phone: 386-734-2236 Fax: 386-943-8823 or 386-734-0252

*Mike Armstrong, Parenting Services Supervisor*

*Tyrene Perez, Parenting Services Administrative Assistant*

**Child must be birth to 36 months or parent is pregnant**

▶▶ FEE is \$50.00 per family (entire program) - \$40.00 at or before first class

(Clients in treatment center residential programs have fee waived)

**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?

\_\_\_\_\_  
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▶ Send completed referral to **FAX: 386-943-8823** or **386-734-0252** ◀

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