



MAKING CHANGES Parenting

Referral Form

The House Next Door
804 Woodland Blvd.
DeLand, FL 32724

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

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: 386-342-6367 or email to parenting@thehnd.com

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