



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

ONLY INFANTS UNDER 6 MONTHS ALLOWED TO ATTEND WITH PARENTS.

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 # | |
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