



STEP BY STEP Parenting Referral Form

The House Next Door

804 S. Woodland Blvd. DeLand, FL 32724

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

Email Referrals to parenting@thehnd.com

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): _____ Date of Birth: _____

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: 386-342-6366** 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 #