



## 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](mailto: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?**

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► Send completed referral to **FAX: 386-342-6366** or email to [parenting@thehnd.com](mailto:parenting@thehnd.com) ◀

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

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