Parenting Support Services

(formerly Triple P)

REFERRAL *(12-20-16)*

Date:_____ Referral Source (*check one*): __ DCF __ Community __ Self referral

Name of DCF Area Office/Referring Agency (*if not DCF*): _____

Person Making Referral: _____ Phone: _____

Cell:_____ Email:_____

Supervisor Name: _____ Phone: _____ Cell: _____ Email: _____

DCF Area Office referring unit *(for DCF referrals only; Select one**)***

☐ Investigations ☐ Treatment ☐ FASU

☐ Probate ☐ Hotline ☐ FAR

NOTE: **Referral must be accompanied by a signed Release of Information. Referrals without a signed Release of Information will be returned to the DCF Parenting Support Services gatekeeper or the referring agency. This will cause a delay in services for the family.**

Parent/Primary Caregiver

Name:_____**DOB**:_____ Gender: _____
(Required) *(Required)*

DCF Case Link # (*if applicable*): _____

Relationship to child (*mother, father, guardian*): _____

Street Address *(Required)*:_____

City/State/Zip:_____ ***(Put * by best number to reach family)***

Home Phone:_____ Cell Phone: _____ Work Phone:_____ Other #: _____

Race/Ethnicity:_____ Parent's Preferred Language:_____ Secondary Language:_____

Secondary Caregiver in Home *(name and relationship to child)*:

_____

Children	Gender	DOB	Specific Concerns

Parent/Caregiver's name:_____

Reason for Referral to Parenting Support Services

Please briefly describe the **specific** parenting challenges the parent/primary caregiver is having.

_____
_____
_____
_____
_____
_____

Additional Helpful Information

Please share any helpful information about this family that would be helpful for a person visiting this family's home to know (include any potential dangers, e.g. contagious diseases, history of violence, weapons in home, aggressive animals, environmental health concerns):

_____
_____
_____

Scheduling Restrictions/Availability: _____

DCF Status: (Check one)

___Voluntary Services __FWSN-In Home ___FWSN-Out of Home __Juvenile Justice Delinquency
__Dual Commitment (JJ and CPS) __FAR __CPS-In-Home __CPS-Out-of-Home __TPR ___ Probate
__SPM Services Post majority __Not DCF - on probation __ Not DCF - other court involved __ Not DCF

List other services involved with this family (*current or pending***):**

Agency	Contact person	Phone#

Parent Informed about Referral to Parenting Support Services

- Parent's Signature: _____
  OR
- ___ I have informed the parent about the referral to the Parenting Support Services Program

REFERRAL INSTRUCTIONS

DCF: Send the completed referral form to your DCF gatekeeper

Non-DCF: Send the completed referral form directly to your local Parenting Support Services program.