\*Please contact Program Director, Todd Dittsworth at (814) 502-4225 or fax to (814) 201-2758

|  |  |  |
| --- | --- | --- |
| **DATE OF REFERRAL**  | **REFERRAL SOURCE** | **REFERRAL CONTACT #** |
|  |  |  |

**\*Although the primary client should be listed as the identified child, Triple P works primarily with guardians to enhance positive parenting skills\***

|  |
| --- |
| **PRIMARY CLIENT** |
| **FULL NAME** | **DOB/ AGE** |
|  |  |
| **STREET ADDRESS** | **CITY, STATE, ZIP** |
|  |  |
| **HOME PHONE** | **GUARDIAN CELL PHONE** |
|  |  |
| Who has legal custody of the client? |  |
| Where does the client currently reside? |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REASON FOR REFERRAL:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child Verbal Aggression** | **Parent Verbal Aggression** | **Child Physical Aggression** | **Parental Physical Aggression** | **Court Mandated** | **Other****(additional information required)** |
| [ ]  **YES**  | [ ] **YES** | [ ] **YES** | [ ] **YES** | [ ] **YES** | [ ] **YES** |

 |
| **CLIENT & FAMILY STRENGTHS:** |
| **SERVICES CURRENTLY INVOLVED WITH CLIENT/FAMILY:** |
| **FAMILY & HOUSEHOLD** |
| **Name** | **Relationship** | **Age** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Are there specific parenting concerns present?  |  |
| History of substance abuse, violence, or mental health involvement? |  |
| **Additional Information** |  |