\*Please contact Program Director, Laulena Leighty, BS at (814) 330-0072 or fax to (814) 506-9352

|  |  |  |
| --- | --- | --- |
| **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** | **CYS INVOLVEMENT** |
|  |  | **JPO INVOLVEMENT** |
| **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/child behaviors present? | |  | |
| History of substance abuse, violence, or mental health involvement? | |  | |
| **Additional Information**  **(Child behaviors and parenting responses to behaviors)** |  | | |