



Parents as Partners

# REFERRAL FORM

Name/s of Parent/s: \_\_\_\_\_ Phone #: Home \_\_\_\_\_

Address: \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_

Parents' Age/s: \_\_\_\_\_ Age/s of Child/ren: \_\_\_\_\_

- Worries:  Previous CPS history     Substance Misuse     Mental Health  
 Housing Instability     Domestic Violence     Other \_\_\_\_\_

<input type="checkbox"/> Prevention Parent Partner Community Referral Source _____	<input type="checkbox"/> Case Carrying Parent Partner Date Case Opened _____ Child Protective Caseworker _____ Office _____
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Does the family know you're making this referral? Y    N  
 Date, Time, and Location of Next Family Team Meeting: \_\_\_\_\_  
 Does the family need an interpreter? Y    N    Language(s): \_\_\_\_\_

### *Referral Source Contact information*

Agency: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**Fax to:**  
**Kelly Dell'Aquila**  
**Parents as Partners Coordinator**  
**(207) 874-1181**

**Mail to:**  
**CPPC/Parents as Partners**  
**50 Lydia Lane**  
**South Portland, ME 04106**

<b>FOR PARENT PARTNER</b>	
Date Received: _____	Initials: _____

