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| --- | --- | --- | --- |
| *Office Use* | *Date Received:*  | *Date Assigned:*  | *Date 1st Contact:*  |

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| **Referring Agency Information** |
| Agency Name:  | Today’s Date:  |
| Referring Person’s Name:  | Title:  |
| Email:  | Phone:  |
| Supervisor’s Name:  | Title:  |

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| **Family Information** |
| 1st Parent’s Name:  | Date of Birth:  |
| Address:  | Apt. #:  |
| City, State:  | Zipcode:  |
| Phone(s) Home:  | Work:  | Mobile:  |
| 2nd Parent’s Name:  | Date of Birth:  |
| Address:  | Apt. #:  |
| City, State:  | Zipcode:  |
| Phone(s): Home:  | Work:  | Mobile:  |
| Primary language? [ ]  English [ ]  Spanish [ ]  Spanish only [ ]  Other:  | Can adult read? [ ] Yes [ ]  NoCan adult write? [ ] Yes [ ]  No |
| Transportation? [ ]  Yes [ ]  No | On bus line? [ ]  Yes [ ]  No |

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| **Children’s Information** |
| Child’s Name or Initials | Sex | Ethnicity | Age | Who is child living with? |
| 1. Primary Child:  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| 4.  |  |  |  |  |
| 5.  |  |  |  |  |

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| **Services**  |
| Check the Nurturing Program services being requested. |
| [ ] Therapeutic Parent Coaching | [ ] Direct Youth Services |
| [ ] Fatherhood Services | [ ] Assessment Services |
| [ ] Trauma-Based Counseling/Therapy | [ ]  Other (specify)  |
| **Additional Services Information** |
| Substance Abuse Concerns? [ ]  Yes [ ]  No | Mental Health Concerns: [ ]  Yes [ ]  NoDiagnosis:  |
| Family’s first time in services? [ ] Yes [ ]  No If no, time in services:  |
| Has family received Nurturing Program Services? [ ] Yes [ ]  No |
| Is this service court ordered? [ ]  Yes [ ]  No |

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| Check the assessments that have been completed: |
| [ ] Adult Adolescent Parenting Inventory (AAPI) | [ ]  Children Social/Emotional Ages & Stages |
| [ ] Family Strength Needs Assessment (FSNA) | [ ] Adverse Childhood Experiences (ACE) |
| [ ] Other  |  |

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| If Child has been removed, share reason for removal and/or DFPS involvement:  |
| Home Safety Information for Parent Coach/Therapist:  |
| **I (Parent Name) give permission for  (Referring Person & Agency) to give the following contact information to The Family Nurturing Center of Texas staff as part of a referral process. I agree for my contact information to only be utilized for referral purposes and only to be released to staff working under the Family Nurturing Center of Texas providing Therapeutic Parent/Youth Coaching, Trauma-based Therapy and/or Parent Assessment Services.** **1st Parent/Guardian Signature: Date:** **2nd Parent/Guardian Signature: Date:** **Youth over 12 years of Age Signature: Date:** \* Both parent/guardian signatures required if two individuals are parenting the primary referred child.\* Youth and parent signatures required if Youth over 12 years of age is participating in direct services. |