



# Family Nurturing Center of Texas

---

## Parenting and Therapeutic Agency Referral

<i>Office Use</i>	<i>Date Received:</i>	<i>Date Assigned:</i>	<i>Date 1<sup>st</sup> Contact:</i>
-------------------	-----------------------	-----------------------	-------------------------------------

<b>Referring Agency Information</b>	
Agency Name:	Today's Date:
Referring Person's Name:	Title:
Email:	Phone:
Supervisor's Name:	Title:

<b>Family Information</b>	
1 <sup>st</sup> Parent's Name:	Date of Birth:
Address:	Apt. #:
City, State:	Zipcode:
Phone(s) Home:      Work:	Mobile:
2 <sup>nd</sup> Parent's Name:	Date of Birth:
Address:	Apt. #:
City, State:	Zipcode:
Phone(s) Home:      Work:	Mobile:
Primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Spanish only <input type="checkbox"/> Other:	Can adult read? <input type="checkbox"/> Yes <input type="checkbox"/> No Can adult write? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	On bus line? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Children's Information</b>				
Child's Name or Initials	Sex	Ethnicity	Age	Who is child living with?
1. Primary Child:				
2.				
3.				
4.				
5.				

<b>Services</b>	
Check the Nurturing Program services being requested.	
<input type="checkbox"/> Therapeutic Parent Coaching	<input type="checkbox"/> Direct Youth Services
<input type="checkbox"/> Fatherhood Services	<input type="checkbox"/> Assessment Services
<input type="checkbox"/> Trauma-Based Counseling/Therapy	<input type="checkbox"/> Other (specify)
<b>Additional Services Information</b>	
Substance Abuse Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis:
Family's first time in services? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, time in services:	
Has family received Nurturing Program Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this service court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	



## Family Nurturing Center of Texas

---

### Parenting and Therapeutic Agency Referral

Check the assessments that have been completed:	
<input type="checkbox"/> Adult Adolescent Parenting Inventory (AAPI)	<input type="checkbox"/> Children Social/Emotional Ages & Stages
<input type="checkbox"/> Family Strength Needs Assessment (FSNA)	<input type="checkbox"/> Adverse Childhood Experiences (ACE)
<input type="checkbox"/> Other	

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.**

**1<sup>st</sup> Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**2<sup>nd</sup> 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.