

## Parent Partnership Program/Parent Advocate Services Referral Form

1. Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Case#: \_\_\_\_\_

2. Referring Person: \_\_\_\_\_ Ext: \_\_\_\_\_

3. Ongoing Caseworker: \_\_\_\_\_ Ext: \_\_\_\_\_ Unit: \_\_\_\_\_ Sup: \_\_\_\_\_

4. Family Address: \_\_\_\_\_

5. Name/Ages of Children:

6. Did the parent successfully complete Building A Better Future Program?      Y      N

7. What are the concerns of the referring person?

8. What are the family's strengths?

9. What are the expectations for the family to be successful? (e.g. Court orders, Family Case Conference and Case plan) Are there time lines for completing tasks?

10. What are the expected outcomes while the family is involved with the Parent Advocate?

11. Safety Concerns?

<b>Office Use Only</b>
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Parent Advocate Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

P-3 OSP Approval: \_\_\_\_\_ Date: \_\_\_\_\_

DFS Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_