

Parenting Services Agency Referral Form



Services Offered: Parenting Workshops utilizing the evidence based curricula, Nurturing Parenting and assistance with coordination of services and resources to address family needs. Please complete and fax the referral form to (760) 414-3830 or call (760) 631-5000 Ext. 8197. Encrypted emails only to parenting@vcc.org	
Eligibility Criteria: <input type="checkbox"/> Parent <input type="checkbox"/> Father <input type="checkbox"/> Teen Parent <input type="checkbox"/> Custody & Visitation Case <input type="checkbox"/> CWS Case <input type="checkbox"/> ACEs <input type="checkbox"/> Other:	
Referring Agency Information	
Date of Referral:	Agency Name:
Referrer's Name:	
Phone Number:	Fax Number:
Email:	
Reason for Referral:	
Parent Information	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Date of Birth: Age:
Parent Name (First and Last):	
Complete Address:	
Cell Phone:	Alternate Phone:
Client Email:	
Consent to Release Information to VCC	
<p>I hereby authorize _____ to submit my information for services to the Nurturing Parenting Workshops. I understand that the above information is required for the purpose of determining eligibility and enrollment to the program and that the referring agency is limited to the following information: referral form data, update on status of referral, client acceptance or decline of services, and client attendance/participation. I understand that my authorization will remain effective for one year from the date of this referral, and that the information will be handled confidentially in compliance with all applicable local, state and federal laws.</p> <p>Autorizo a _____ a presentar mi información para los servicios, Crianza Con Cariño. La información se requiere para determinar elegibilidad e inscripción en el programa y está limitada a: esta forma de referencia e información sobre la actualización del estatus de la referencia, aceptación/rechazo de los servicios por parte del cliente, y estatus de participación. Entiendo que mi autorización permanecerá efectiva por un año desde la fecha de esta referencia, y que la información se manejará confidencialmente en cumplimiento con las leyes aplicables locales, estatales y federales.</p>	
<input type="checkbox"/> Verbal Consent Obtained or Client Signature _____ Date: _____	
VCC OFFICE USE ONLY	
Date Referral Received:	Client Contact Date:
<input type="checkbox"/> Unable to contact client <input type="checkbox"/> Client accepted services <input type="checkbox"/> Client declined services <input type="checkbox"/> No show	
Parent Status: <input type="checkbox"/> On Probation <input type="checkbox"/> On Parole <input type="checkbox"/> In Foster Care <input type="checkbox"/> Involved in CWS <input type="checkbox"/> Treatment/Recovery <input type="checkbox"/> Homeless, Mailing Address:	
How many children? Ages?	
Do the children live with parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is visitation established? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program: <input type="checkbox"/> Development Plus <input type="checkbox"/> Dads Club <input type="checkbox"/> Dads Club Plus <input type="checkbox"/> Proud Parenting	
Name of staff:	