



Please submit form to:  
 intake@parentingpath.org  
 500 W Northwest Blvd  
 Winston-Salem, NC 27105  
 Phone: 336-748-9028  
 Fax: 336-748-9030

## The Parenting PATH Referral Form

Date: \_\_\_\_\_

### Program Referred to:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fathers Are Parents Too<br><i>(Guilford, Forsyth counties)</i>                | <input type="checkbox"/> Family Support <i>(Forsyth, Stokes counties)</i>                        | <input type="checkbox"/> Family Transitions<br>& Co-Parenting <i>(Forsyth, Stokes counties)</i> |
| <input type="checkbox"/> GREAT Forsyth (FTCC only)   | <input type="checkbox"/> Intensive Family Preservation Services<br>(IFPS)*                       | <input type="checkbox"/> Knock Out for Change <i>(Forsyth county)</i>                           |
| <input type="checkbox"/> Let's Talk Parenting –<br><i>a Triple P Discussion Group</i>                  | <input type="checkbox"/> Parent Aide <i>(Forsyth county)</i>                                     | <input type="checkbox"/> Parent Coaching  |
| <input type="checkbox"/> Parent Support <i>(Stokes, Surry Counties)</i>                                | <input type="checkbox"/> Parent/Teen Solutions (PTS)<br><i>(Forsyth county)</i>                  | <input type="checkbox"/> Parent/Teen Solutions (PTS)<br><i>(Stokes, Surry Counties)</i>         |
| <input type="checkbox"/> Peaceful Alternatives to Tough<br>Situations (PATTSS) <i>(Forsyth county)</i> | <input type="checkbox"/> Positive Effective Parenting (PEP)<br><i>(Forsyth, Stokes counties)</i> | <input type="checkbox"/> Respite Care Services <i>(Forsyth county)</i>                          |
| <input type="checkbox"/> Sexually Reactive Therapy   | <input type="checkbox"/> Supervised Visitation and Monitored<br>Exchange                         | <input type="checkbox"/> Trauma-Focused Therapy   |
| <input type="checkbox"/> Welcome Baby <i>(Forsyth county)</i>  |  |   |

\* Program-specific form required

### Referral Agency

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to family: \_\_\_\_\_

Is there a signed Release of Information on file?  Yes  No

Has the family been informed of this referral?  
*(We find that families are more likely to participate if they are expecting our follow-up.)*  Yes  No

### Reason for Referral

---



---



---

### Additional Information

Is there any DSS involvement?  Yes  No

If yes, is there an open Child Protective Services investigation?  Yes  No

Are the children in the home?  Yes  No

Is there any Juvenile Justice involvement?  Yes  No

If yes, what is the current legal status? \_\_\_\_\_

Is there a criminal or civil action?  Yes  No

Is there an active 50B or 50C?  Yes  No

**Continue to next page**



**Guardian Information**

Guardian #1 Name: \_\_\_\_\_ Guardian #1 Race: \_\_\_\_\_  
 Guardian #1 Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Language Preferred: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ (am/pm)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship to child:     Parent             Grandparent             Other \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Guardian #2 Race: \_\_\_\_\_  
 Guardian #2 Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Language Preferred: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ (am/pm)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship to child:     Parent             Grandparent             Other \_\_\_\_\_

Alternate Contact Name/Relationship and Phone: \_\_\_\_\_

Does either Guardian have a physical, cognitive, or emotional disability?             Yes             No  
 If yes, please explain: \_\_\_\_\_

Are other adults required to participate in services?             Yes             No  
 If yes, please explain: \_\_\_\_\_

**Children's Information**

Names	Date of Birth	Race	Gender	School/Grade
1.				
2.				
3.				
4.				
5.				
6.				

***Please expect a call back within 48 business hours of The Parenting PATH receiving this referral.***