

CHILDREN AND FAMILY SERVICES – CHILD SAFETY AND PERMANENCY

# Parent Support Outreach Program (PSOP) Referral Form

DATE OF REFERRAL	COUNTY/TRIBAL AGENCY OF RESIDENCE
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## Family information

### Parents/caregivers information

#### Parent 1

PARENT/CAREGIVER NAME		DATE OF BIRTH
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/third gender <input type="radio"/> Prefer to self-describe _____ <input type="radio"/> Prefer not to respond		
RACE <input type="radio"/> Caucasian <input type="radio"/> Black or African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Pacific Islander <input type="radio"/> Other _____ <input type="radio"/> Declined <input type="radio"/> Unknown		
HISPANIC HERITAGE <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		ANY KNOWN DISABILITIES <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown    If yes, indicate: _____

#### Parent 2

PARENT/CAREGIVER NAME		DATE OF BIRTH
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/third gender <input type="radio"/> Prefer to self-describe _____ <input type="radio"/> Prefer not to respond		
RACE <input type="radio"/> Caucasian <input type="radio"/> Black or African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Pacific Islander <input type="radio"/> Other _____ <input type="radio"/> Declined <input type="radio"/> Unknown		
HISPANIC HERITAGE <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		ANY KNOWN DISABILITIES <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown    If yes, indicate: _____

#### Other adult

OTHER ADULT NAME		DATE OF BIRTH
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/third gender <input type="radio"/> Prefer to self-describe _____ <input type="radio"/> Prefer not to respond		
RACE <input type="radio"/> Caucasian <input type="radio"/> Black or African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Pacific Islander <input type="radio"/> Other _____ <input type="radio"/> Declined <input type="radio"/> Unknown		
HISPANIC HERITAGE <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		ANY KNOWN DISABILITIES <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown    If yes, indicate: _____

## Children's information

CHILD NAME		DATE OF BIRTH
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/third gender <input type="radio"/> Prefer to self-describe _____ <input type="radio"/> Prefer not to respond		
RACE <input type="radio"/> Caucasian <input type="radio"/> Black or African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Pacific Islander <input type="radio"/> Other _____ <input type="radio"/> Declined <input type="radio"/> Unknown		
HISPANIC HERITAGE <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		ANY KNOWN DISABILITIES <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown    If yes, indicate: _____
If child is age 5 or under: Has a referral been made for a developmental screening through Help Me Grow or the local school district? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		

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If child is age 5 or under: Has a referral been made for a developmental screening through Help Me Grow or the local school district? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	

FAMILY STREET ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS (IF KNOWN)	

Are any family members enrolled or eligible for enrollment with any federally recognized American Indian tribe?

Yes     No

If yes, which household member? \_\_\_\_\_

If yes, which tribe? \_\_\_\_\_

Does the family speak English?

Yes     No

If no, what is the preferred language of the family? \_\_\_\_\_

If no, is an interpreter needed? \_\_\_\_\_

**Eligibility Information:**

- Does the family have a child age 10 or under?     Yes     No
- Is the parent/caregiver pregnant?     Yes     No     Unknown
- Does the family have current involvement with child protection?     Yes     No     Unknown
- What are the family's identified stress factors?

<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Mental health concerns (parent or child)	<input type="checkbox"/> Chemical use concerns (parent or child)	<input type="checkbox"/> Low income/poverty
<input type="checkbox"/> Homelessness/housing concerns	<input type="checkbox"/> Parent/caregiver separation	<input type="checkbox"/> Prior child protection history	<input type="checkbox"/> Parenting challenges
<input type="checkbox"/> Child behavior concerns	<input type="checkbox"/> Limited support system	<input type="checkbox"/> Disability (parent or child)	<input type="checkbox"/> Human/sex trafficking concerns
<input type="checkbox"/> School/education concerns	<input type="checkbox"/> Legal issues	<input type="checkbox"/> Medical concerns (parent or child)	
<input type="checkbox"/> Trauma exposure	<input type="checkbox"/> Grief/loss	<input type="checkbox"/> Other(s): _____	

WHAT IS/ARE THE REASON(S) FOR THIS REFERRAL?

ARE THERE IMMEDIATE SAFETY CONCERNS FOR THE FAMILY? IF YES, DESCRIBE:

WHAT ARE THE FAMILY'S STRENGTHS AND KNOWN SUPPORTS?

SHARE ANY ADDITIONAL INFORMATION NECESSARY FOR THIS REFERRAL

Does the family know about this referral?  Yes  No

### Referring source information

NAME		ROLE WITH FAMILY/PROFESSION		
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS			