pathways to hope for children
The Child Abuse Prevention Coordinating Council

OFFICE USE ONLY	
Date Rcvd	
PP Name	
Client #	

2280 Benton Drive Building C Redding, CA 96003 - Phone (530) 242-2020 | www.hopeshasta.org

Parent Partner Program | REFERRAL FORM

Family must be Shasta County residents and have children under the age of 18 and/or pregnant.

REQUIRED INFORMATION (Please complete **all** applicable fields)

REFERRED BY:

Name/Title	Agency	Phone Number	Fax Number

Date Referred	Parent Partner Program (if known)	
	☐ Family Resource Center (Self-Refer) ☐ Redding ☐ Anderson ☐ Community ☐ Path 2 ☐ RED Path 1 ☐ RED Path 2	☐ Road to Resilience ☐ Launch ☐ Other (Please specify) _____

SERVICES:

Reason for Referral (be specific)

FAMILY INFORMATION:

Primary Parent/Caregiver Name	Age	Pregnant	EDC (Due Date)
		☐ Yes ☐ No ☐ Unknown ☐ N/A	
Additional Parent/Caregiver	**Age**	**Relation to Primary Parent**	**Okay to Contact**
			☐ Yes ☐ No

CHILD INFORMATION:

Child Name	Age/DOB	Child Name	Age/DOB

CONTACT INFORMATION:

Primary Phone Number	Phone Type	Message Okay	Email Address
		☐ Yes ☐ No	
Other Phone Number	**Phone Type**	**Message Okay**	**Preferred Method of Contact**
		☐ Yes ☐ No	

Physical Address	City	Zip
Mailing Address	**City**	**Zip**

I understand and agree to have the information on this form given to Pathways to Hope for Children (PHC). By signing this form, I authorize PHC Parent Partner Program to receive and share information and necessary feedback regarding my family situation with the referring agency and partner agencies. This authorization is valid for the duration of the time you receive services from PHC. A copy of this authorization is as valid as an original.

Client Agrees to Referral: ☐ Yes ☐ No ☐ Verbal

CLIENT'S SIGNATURE: _____ **Date:** _____

Please Fax this form to: 530.241.2121 or referrals@hopeshasta.org

Contact **Eric Friend**, Parent Partner Supervisor at 242-2020 x235 or info@hopeshasta.org with any questions.

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ADDITIONAL INFORMATION (If known/optional)

FAMILY DYNAMICS:

Complicating Factors

Family Strengths

Family Next Steps with Parent Partner

Safety Concerns with Parent: Yes / No (IE: Custody, DV, Restraining Order, Health/Mental Health Concerns, Substance Use, Dogs, Probation, etc.)

Safety Concerns with Child/ren: Yes / No (IE: Health/Mental Health Concerns, Substance Use, Anger, Truancy, Probation, etc.)

Additional Notes for Parent Partner