



family compass

**PARENT AIDE PROGRAM REFERRAL FORM**

Please Return to [jpantoja@family-compass.org](mailto:jpantoja@family-compass.org) or fax to 214-824-6901

DATE RECEIVED AT FAMILY COMPASS: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

NAME OF PERSON MAKING REFERRAL: \_\_\_\_\_ AGENCY/ORGANIZATION: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF LAST IN-PERSON CONTACT WITH FAMILY: \_\_\_\_\_

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

DOB: \_\_\_\_\_ RACE: \_\_\_\_\_

DOB: \_\_\_\_\_ RACE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

LANGUAGE: ENGLISH: \_\_\_\_\_ SPANISH: \_\_\_\_\_

LANGUAGE: ENGLISH: \_\_\_\_\_ SPANISH: \_\_\_\_\_

EMPLOYED/SCHOOL: \_\_\_\_\_ HOURS: \_\_\_\_\_

EMPLOYED/SCHOOL: \_\_\_\_\_ HOURS: \_\_\_\_\_

ALCOHOL/DRUGS: \_\_\_\_\_ TREATMENT? \_\_\_\_\_

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IF IN TREATMENT, WHERE? \_\_\_\_\_

IF IN TREATMENT, WHERE? \_\_\_\_\_

DOMESTIV VIOLENCE: VICTIM: \_\_\_\_\_ PERPETRATOR: \_\_\_\_\_

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MEDICAL DIAGNOSIS: \_\_\_\_\_

MEDICAL DIAGNOSIS: \_\_\_\_\_

MENTAL HEALTH DIAGNOSIS: \_\_\_\_\_

MENTAL HEALTH DIAGNOSIS: \_\_\_\_\_

CRIMINAL HISTORY: \_\_\_\_\_

CRIMINAL HISTORY: \_\_\_\_\_

SIGNIFICANT OTHERS: \_\_\_\_\_

HOUSING: HOUSE: \_\_\_\_\_ APT: \_\_\_\_\_ TRAILER: \_\_\_\_\_ WATER: \_\_\_\_\_ ELECTRICITY/GAS: \_\_\_\_\_

# OF CHILDREN: \_\_\_\_\_

	CHILD'S NAME	DOB	GENDER	RACE	AT HOME	HOSPITAL	OTHER PLACEMENT
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

OTHER HOUSEHOLD MEMBERS:

RELATIONSHIP TO CHILDREN/FAMILY:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

DESCRIPTION OF FAMILY CONCERNS:

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DESCRIPTION OF SERVICES IMPLEMENTED BY REFERRING AGENCY (if applicable) PLEASE EXPLAIN:

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SERVICE RECOMMENDATIONS FOR THE FAMILY:

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PLEASE ATTACH A COPY OF AS MANY OF THESE REPORTS AS POSSIBLE OR APPLICABLE:

- \_\_\_\_\_ ARD/IEP DOCUMENTS
- \_\_\_\_\_ CHILD ASSESSMENT
- \_\_\_\_\_ FAMILY ASSESSMENT
- \_\_\_\_\_ PSYCHOLOGICAL ASSESSMENT
- \_\_\_\_\_ POLICE REPORT
- \_\_\_\_\_ MISC. OR OTHER NECESSARY INFORMATION