



**Twin Cedars**  
YOUTH SERVICES, INC.

*Believe you CAN make a difference in the life of a child!*

## ADULT PARENTING

### AGENCY REFERRALS

1. CLIENT (S) NAME: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. Place of Work / School: \_\_\_\_\_

5. Age: \_\_\_\_\_ Race: \_\_\_\_\_ Educational Level: \_\_\_\_\_

6. Names and ages of children: \_\_\_\_\_

7. Reason for referral to parenting class (Check as many as are applicable):

\_\_\_\_\_ Court Mandated  
\_\_\_\_\_ Children Removed from Home  
\_\_\_\_\_ Client Request  
\_\_\_\_\_ Other (please explain)

\_\_\_\_\_ Removal Pending  
\_\_\_\_\_ CPS

8. Category of Abuse (Note all that apply):

\_\_\_\_\_ Neglect  
\_\_\_\_\_ Emotional Abuse  
\_\_\_\_\_ Domestic Violence

\_\_\_\_\_ Physical Abuse  
\_\_\_\_\_ Sexual Abuse

9. Client (s) personality profile (Check all that apply):

\_\_\_\_\_ Single Parent  
\_\_\_\_\_ Married  
\_\_\_\_\_ Live-in with partner  
\_\_\_\_\_ Parents of teenagers  
\_\_\_\_\_ Children with ADD behaviors  
\_\_\_\_\_ Children (5 and under)  
\_\_\_\_\_ Other (please explain)

\_\_\_\_\_ Known Substance Abuser  
\_\_\_\_\_ Special Needs  
\_\_\_\_\_ Illiterate  
\_\_\_\_\_ Teenage Parent  
\_\_\_\_\_ Mentally Retarded Children

10: Specific Needs to be Addressed in Parenting Class:

\_\_\_\_\_

11: Referral Name and Agency:

\_\_\_\_\_

12: Caseworker/ Probation Officer's Name:

\_\_\_\_\_