TO MAKE A REFERRAL FOR:

PARENTING SUPPORT SERVICES

1. The referral process starts with a phone call to FamilyWorks and/or email contact. Our number is (415) 419-7144 or email adriana@familyworks.org.

2. Please fill in the blank spaces on the Request for services form.

3. Compile the NEW CLIENT CONSUMER information available. Please include as much information as possible. E.g.,
   a) Recent IPP’s
   b) Most recent Psycho---social assessments
   c) Medical History
   d) Any other recent evaluations
   e) Department of Family and Children Services (DFCS) or any other court documentation available (if applicable).

4. Please include a 25-hour Purchase of Service (POS) for Parenting Support Services to begin our services. The estimate time for the 25--hour POS is four weeks.

5. Please submit POS by fax to: (415) 492-1792 or email adriana@familyworks.org.

We greatly appreciate your referrals and look forward to working with you.
## Parenting Support Services

Service Request Form

<table>
<thead>
<tr>
<th>Service Code:</th>
<th>108</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor #:</td>
<td>ZS0607 for SARC</td>
</tr>
<tr>
<td></td>
<td>H88888 for GGRC &amp; RCEB</td>
</tr>
<tr>
<td></td>
<td>HN0082 for NBRC</td>
</tr>
</tbody>
</table>

Please complete both pages and fax to 415-492-1792 or email adriana@familyworks.org

### Confidential

**Consumer's Information**

- **Consumer's Name:**
  - [ ] Male
  - [ ] Female
  - Date of Birth: __/__/__
  - Tel: (___) ___

- **UCI #:**
- **Date of Birth:** __/__/__
- **First Name**
- **Middle Name Initial**
- **Last Name**
- **MM / DD / YYYY**

- **Address:**
- **City:**
- **State:** CA
- **Zip:**

- **Telephone:** (___) ___
- **Cell:** (___) ___
- **Pregnant:** [ ] Yes [ ] No
- **Due date:** __/__/__

- **Consumer Lives with:**
  - [ ] Children/Dependents
  - [ ] Partner
  - [ ] Husband
  - [ ] Independently
  - [ ] Parents
  - [ ] Relatives
  - [ ] is conserved

**Consumer’s children/Dependents**

- **Name:**
  - [ ] Male
  - [ ] Female
  - Date of Birth: __/__/__
  - Tel: (___) ___

- **Name:**
  - [ ] Male
  - [ ] Female
  - Date of Birth: __/__/__
  - Tel: (___) ___

- **Name:**
  - [ ] Male
  - [ ] Female
  - Date of Birth: __/__/__
  - Tel: (___) ___

**Other Persons related to consumer**

- **Name:**
  - Relationship:__
  - [ ] Live with consumer
  - Tel: (___) ___

- **Name:**
  - Relationship:__
  - [ ] Live with consumer
  - Tel: (___) ___

- **Name:**
  - Relationship:__
  - [ ] Live with consumer
  - Tel: (___) ___

- **Name:**
  - Relationship:__
  - [ ] Live with consumer
  - Tel: (___) ___

- **Name:**
  - Relationship:__
  - [ ] Live with consumer
  - Tel: (___) ___
### Confidential Information (cont.)

#### Consumer's Regional Center Information

<table>
<thead>
<tr>
<th>Case Manager: __________________________</th>
<th>Regional Center: □GGRC □SARC □RCEB □NBRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel: (_<strong>)---</strong>__</td>
<td>Cell: (_<strong>)---</strong>__</td>
</tr>
</tbody>
</table>

#### Consumer's History

- □Domestic Violence
- □Substance Abuse
- □Child Abuse/Neglect
- □Mental Illness

**Has an active case with FCS (Family and Children Services)?** □Yes □No

<table>
<thead>
<tr>
<th>Attorney: ____________________________</th>
<th>Tel: (_<strong>)---</strong>__</th>
<th>Fax: (_<strong>)---</strong>__</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCS social worker: __________________</td>
<td>Tel: (_<strong>)---</strong>__</td>
<td>Fax: (_<strong>)---</strong>__</td>
</tr>
<tr>
<td>Medical Provider: __________________ _</td>
<td>Tel: (_<strong>)---</strong>__</td>
<td>Fax: (_<strong>)---</strong>__</td>
</tr>
<tr>
<td>Doctor/Physician: __________________ _</td>
<td>Tel: (_<strong>)---</strong>__</td>
<td>Fax: (_<strong>)---</strong>__</td>
</tr>
<tr>
<td>Mental Health Provider: _____________</td>
<td>Tel: (_<strong>)---</strong>__</td>
<td>Fax: (_<strong>)---</strong>__</td>
</tr>
</tbody>
</table>

- □Therapist □Counselor □Psychiatrist: ____________________________ | Tel: (___)---____ |

#### Other services consumer is currently receiving:

- □ ILS □ IHSS □ SLS □ DP (Day Program) □ Other

<table>
<thead>
<tr>
<th>Agency Name: ______________________</th>
<th>Worker: ___________</th>
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<td>Tel: (_<strong>)---</strong>__</td>
</tr>
</tbody>
</table>

#### Please indicate skills which consumer wishes to enhance/obtain:

- □ Parenting/Co-Parenting
- □ Conflict Resolution
- □ Health Maintenance
- □ Positive Discipline
- □ Communication Skills
- □ Home Management
- □ Child Development
- □ Stress reduction
- □ Transportation Skills
- □ Family planning
- □ Safety skills
- □ Home Finance
- □ Respite Childcare
- □ Nutrition
- □ Employment
- □ Academic growth
- □ Weight
- □ Housing
- □ Emotional Regulation
- □ Exercise
- □ Community Resources
- □ Social Skills
- □ Hygiene Skills
- □ Immigration

**Comments:**

______________________________
Parenting Support Services

Program Goals:

1. To provide quality and productive parent support services through a comprehensive plan that combines parenting skills, child/infant development services and independent living skills enhancement to adults and children with developmental disabilities.

2. To increase the parent’s motivation to enhance their parenting skills and positive interactions with their child/ren, surrogate parents, support persons, and community resources at large.

3. To Enhance the parent’s ability to promote their own and their child/ren’s conceptual, practical, and social development, including, but not limited to:
   - Providing appropriate stimulation through on hands play and conducive learning environments
   - Nurturing their children’s optimum cognitive and physical capacities
   - Providing a safe environment to support healthy physical and emotional growth
   - Providing social/recreational interaction with other children & adults
   - Providing good nutrition, personal hygiene, proper health, money management, and other home based functions to adequately sustain a family.

4. To train the parent in effective child discipline methods including positive behavior management, active/reflective listening skills, positive reinforcement and identifying temperament traits.

5. To assist the parent and child with community integration and resources, including increasing the consumer’s ability to utilize community support systems to foster improved personal and child development.

Location:

Services take place in the consumer’s residence, other natural environments, community facilities in the area served by the Regional Centers.
Skills assessed, taught, modeled and reinforced during direct services include, but not limited to:

- Family planning
- Pregnancy and child birth education (breastfeeding, postpartum)
- Infant /child stimulation and development
- Positive behavior management
- Children’s academic needs
- Family heath and hygiene
- Nutrition and exercise
- Injury prevention and safety
- Transportation
- Money management skills
- Emotional regulation, conflict resolution and stress reduction
- Development of social support systems and community resources
- Collaboration with DFCS (Department of Family Children Services) with reunification/maintenance plans and supervised visitations