



TO MAKE A REFERRAL FOR:

**PARENTING SUPPORT
SERVICES**

1. The referral process starts with a phone call to Family Works 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 email adriana@familyworks.org.

We greatly appreciate your referrals and look forward to working with you.



PARENTING SUPPORT SERVICES

Service Request Form

Service Code:	108
Vendor #:	ZS0607 for SARC H88888 for GGRC & RCEB HN0082 for NBRC

Please complete both pages
and email adriana@familyworks.org

Confidential

Consumer's Information	
Consumer's Name: _____ UCI #: _____ Date of Birth: ___/___/___ <small>First Name Middle Name initial Last Name MM / DD / YYYY</small>	
<i>Check all that applies about the disability</i>	
<input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Epilepsy <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other _____ IQ: _____ If MR (Mental Retardation) <input type="checkbox"/> Borderline <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other _____ Ethnicity: _____ Language preferred <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ Address: _____ City: _____ State: CA Zip: _____ Telephone: (____)____-____ Cell: (____)____-____ Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No Due date: ___/___/___ Consumer Lives with: <input type="checkbox"/> Children/Dependents <input type="checkbox"/> Partner <input type="checkbox"/> Husband <input type="checkbox"/> Independently <input type="checkbox"/> Parents <input type="checkbox"/> Relatives <input type="checkbox"/> is conserved	
Consumer's children/Dependents	
Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___ Tel: (____)____-____
Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___ Tel: (____)____-____
Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___ Tel: (____)____-____
Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___ Tel: (____)____-____
Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___ Tel: (____)____-____
Other Persons related to consumer	
Name: _____	Relationship: _____ <input type="checkbox"/> Live with consumer Tel: (____)____-____
Name: _____	Relationship: _____ <input type="checkbox"/> Live with consumer Tel: (____)____-____
Name: _____	Relationship: _____ <input type="checkbox"/> Live with consumer Tel: (____)____-____
Name: _____	Relationship: _____ <input type="checkbox"/> Live with consumer Tel: (____)____-____

Confidential Information (cont.)

Consumer's Regional Center Information			
Case Manager: _____		Regional Center: <input type="checkbox"/> GGRC <input type="checkbox"/> SARC <input type="checkbox"/> RCEB <input type="checkbox"/> NBRC	
Tel: () ---	Cell: () ---	Fax: () ---	E-mail: _____
Consumer's History			
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Child Abuse/Neglect	<input type="checkbox"/> Mental Illness
Has an active case with FCS (Family and Children Services)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney: _____	Tel: () ---	Fax: () ---	
FCS social worker: _____	Tel: () ---	Fax: () ---	
Medical Provider: _____	Tel: () ---	Fax: () ---	
Doctor/Physician: _____	Tel: () ---	Fax: () ---	
Mental Health Provider: _____	Tel: () ---	Fax: () ---	
<input type="checkbox"/> Therapist <input type="checkbox"/> Counselor <input type="checkbox"/> Psychiatrist: _____		Tel: () ---	
Other services consumer is currently receiving:			
<input type="checkbox"/> ILS	<input type="checkbox"/> IHSS	<input type="checkbox"/> SLS	<input type="checkbox"/> DP (Day Program) <input type="checkbox"/> Other _____
Agency Name: _____	Worker: _____	Service: _____	Tel: () ---
Agency Name: _____	Worker: _____	Service: _____	Tel: () ---
Agency Name: _____	Worker: _____	Service: _____	Tel: () ---
Agency Name: _____	Worker: _____	Service: _____	Tel: () ---

Please indicate skills which consumer wishes to enhance/obtain:

<input type="checkbox"/> Parenting/Co-Parenting	<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Health Maintenance
<input type="checkbox"/> Positive Discipline	<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Home Management
<input type="checkbox"/> Child Development	<input type="checkbox"/> Stress reduction	<input type="checkbox"/> Transportation Skills
<input type="checkbox"/> Family planning	<input type="checkbox"/> Safety skills	<input type="checkbox"/> Home Finance
<input type="checkbox"/> Respite Childcare	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Employment
<input type="checkbox"/> Academic growth	<input type="checkbox"/> Weight	<input type="checkbox"/> Housing
<input type="checkbox"/> Emotional Regulation	<input type="checkbox"/> Exercise	<input type="checkbox"/> Community Resources
<input type="checkbox"/> Social Skills	<input type="checkbox"/> Hygiene Skills	<input type="checkbox"/> 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:

- Family planning
- Pregnancy and child birth education (breastfeeding, postpartum)
- Infant /child stimulation and development
- Positive Behavior management
- Children's academic needs
- Family health: Use of medical, dental services, and other community health resources
- Nutrition: grocery shopping, menu planning, and meal preparation
- Injury prevention and safety skills
- Money management skills
- Self-care skills including personal hygiene
- Transportation options in the community
- Emotional Regulation / Stress-Reduction Skills / Conflict resolution
- Self – advocacy, healthy self-assertion skills training
- Development of social support systems and community resources
- Collaboration with DFCS (Department of Family Children Services) in reunification/maintenance plans and supervised visitations.