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 #: ZSO607 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: ___/___/____
  First Name    Middle Name initial    Last Name
  MM / DD / YYYY

Check all that applies about the disability
□ Autism □ Cerebral Palsy □ Epilepsy □ Intellectual Disability □ Other ____________ IQ: _____
If MR (Mental Retardation) □ Borderline □ Mild □ Moderate □ Severe □ Other ____________
Ethnicity: ____________________________ Language preferred □ English □ Spanish □ Other: ____________
Marital Status: □ Married □ Single □ Divorced □ Widowed □ Other ____________
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: (____)______ _____
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: (____)______ _____
Confidential Information (cont.)

Consumer’s Regional Center Information

| Case Manager: ____________________________ | Regional Center: ☐GGRC ☐SARC ☐RCEB ☐NBRC |
| Tel: (___)___-____ | Cell: (___)___-____ | Fax: (___)___-____ | E-mail: ____________________________ |

Consumer’s History

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

Has an active case with FCS (Family and Children Services)?: ☐Yes ☐No

Attorney: ____________________________ Tel: (___)___-____ Fax: (___)___-____
FCS social worker: ____________________________ Tel: (___)___-____ Fax: (___)___-____
Medical Provider: ____________________________ Tel: (___)___-____ Fax: (___)___-____
Doctor/Physician: ____________________________ Tel: (___)___-____ Fax: (___)___-____
Mental Health Provider: ____________________________ Tel: (___)___-____ Fax: (___)___-____
- Therapist ☐Counselor ☐Psychiatrist: ____________________________ Tel: (___)___-____

Other services consumer is currently receiving:

- ILS ☐IHSS ☐SLS ☐DP (Day Program) ☐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:

- 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:

- 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.