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

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

Please complete both pages
and fax to 415-492-1792 or 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 ☐Mental Retardation ☐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: (_____)____---____

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: (_____)____---____

FAMILY WORKS
Therapy & Life Skills Center

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, 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