

Parent Aide Referral Form

Referral Date: _____ Referring Children's Division Worker: _____

County _____ Phone Number _____

Units Requested per week: _____ *a unit is *50 minutes of face to face with Foster Parent, Birth Parent and/or Child

Date Services are to Begin: _____ *Please attach CD Authorization for PRAD Service:
(Supplementary Children's Services; Contract # SDA3999049; Vendor # 000669272) Code: PRAD

List any concerns of which Parent Aide should be aware during the session ie: violence; weapons; dangerous animals; etc)

Client(s) being Referred: *Single Parent or Co-Parents

Name _____

Address _____

Phone Number _____

Treatment Goals: ie: How would you expect this client to benefit from having this Parent Aide experience?

Individuals expected to be present during the Parent Aide session and their *relationship to the client(s)* being referred?
*Only the individuals listed will be permitted to be present during the parent aide session

Parent's address *or detailed directions to home where parent aide services are to be offered
Issues to be addressed: ie: Nutrition, Parenting Skills, Budgeting, Home Organization, Personal Hygiene, etc...

Goals of Parent Aide service: ie: *What changes in this situation would indicate a successful closure to this case?

Special instructions to the Parent Aide regarding delivery of Parent Aide service:

Detailed notes of each Parent Aide session as well as any suggestions for follow-up are made available according to the CD Worker's specifications. Please indicate below how (verbal report, written case notes of sessions etc.); and with what frequency (after each visit, monthly etc.) you would like to receive information or documentation on this case. *Formal reports are prepared upon request.

GRCC Policy Regarding No-Show or Canceled Visits:

*There is no charge for "no shows" or "cancellations".

*Visits are counted as "no shows" or "cancellations" if client is more than 20 minutes late or cancels with less than a 24 hour notice to Supervisor prior to scheduled visit time.

*Visits are terminated after two consecutive "no shows" or "cancellations" until there is a significant change in the parent's circumstances

Pasted from <<http://gailrobersonscounselingcenter.vpweb.com/PRADReferralForm.html>>