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| **Date Referred:** | **Case #:** | **Referred by:** |
| CHILD INFORMATION |
| **Child’s Full Name:** |  |  | **DOB:       Age:** | **Gender:**  |
|  | **[ ]  M [ ]  F** | **Race:** |
| **Physical Address:** | **Phone#:** |
|  | **(****)** |
| **City:** | **State:** | **ZIP Code:** |
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| FAMILY INFORMATION |
| **Mother’s Name:** | **Mother’s Phone: (   )** |
| **Address:** | **Employer:** | **Employer phone no.:** |
| **(If different from child)**  |  | **(   )** |
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| **Father’s Name:** | **Father’s Phone: (   )** |
| **Address:** | **Employer:** | **Employer phone no.:** |
| **(If different from child)**  |  | **(   )** |
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| **Lives With (If not with parents):** | **School:** | **School Status:**  |
| **Relationship:** | **Grade:** | **(Preschool, Enrolled, Dropped out, Suspended, etc)** |
| **Indicate reason for Case Management Services and any requirements of the parents:**

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| **Identify the goals for the child (Ex. ).**

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| **Identify the goals for the parent (Ex. ).**

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**Has this family received previous parenting services? Yes [ ]  No [ ]**  **If so, what for? Please include name of Provider below:**

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**Triple P Referral Positive Parenting Program, Page 2** |
| Primary Care (0-12) PROBLEM CHECKLIST (Infants, Toddlers, Preschool, Elementary) |
| \* Behaviors are listed according to typical developmental stage but may be used universally. Please check all that apply: |
| [ ]  Promoting Development (Infants)[ ]  Crying (Infants)[ ] Sleep Patterns (Infants)[ ]  Separation Anxiety (Infants)[ ]  Whining (Toddlers)[ ] Tantrums (Toddler)[ ] Toilet Training (Toddler)[ ]  Hurting Others (Toddler)[ ]  Disobedience I (Toddler)[ ] Sharing (Toddler)[ ] Language (Toddler)[ ] Bedtime Problems (Toddler)  | [ ]  Disobedience II (Preschool)[ ]  Fighting and Aggression (Preschool)[ ] Separation Problems (Preschool)[ ] Interrupting (Preschool)[ ]  Having Visitors (Preschool)[ ]  Going Shopping (Preschool)[ ] Cleaning Up (Preschool)[ ]  Nightmares (Preschool)[ ]  Mealtimes Problems (Preschool)[ ] Traveling in the Car (Preschool) | [ ]  Self- Esteem (Elementary School)[ ] Behavior at School (Elementary School)[ ]  Homework (Elementary School) [ ] Being Bullied (Elementary School)[ ] Stealing (Elementary School) [ ]  Lying (Elementary School)[ ]  Fears (Elementary School)[ ] Bedwetting (Elementary School)[ ]  ADD/ADHD (Elementary School) [ ] Sports (Elementary School)[ ]  Creativity (Elementary School) [ ]  OTHER: (PLEASE EXPLAIN)       |
| Triple P Teen (13-16) Problem checklist (adolescents, Teen, early Adulthood)

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| [ ] Smoking  | [ ] Eating Habits  | [ ] Taking Drugs |
| [ ] Truancy  | [ ] Rudeness and Disrespect | [ ] Friends and Peer Relationships |
| [ ] Sexual Behavior and Dating | [ ] Coping with Anxiety | [ ] Money and Work  |
| [ ] Fads and Fashion | [ ] Coping with Depression  | [ ]  DJJ/Legal Involvement |

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| Please use this space to elaborate on any items checked in the problem checklist and provide any other information that may be helpful. (Example: recent change in family dynamics, death, divorce, etc.)        |
| Please indicate how long these problems have existed.       |
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| Referral Person Name:        | Ext.       |

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| Supervisor Name:        | Ext.       |

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 Mailing Address: Unique Alternative Inc PO BOX 1056 Kannapolis, NC 28082

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