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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:** | |
|  | | | | |  | | | | |  | |
| FAMILY INFORMATION | | | | | | | | | | | |
| **Mother’s Name:** | | | | | **Mother’s Phone: (   )** | | | | | | |
| **Address:** | | | | | **Employer:** | | | | **Employer phone no.:** | | |
| **(If different from child)** | | | | |  | | | | **(   )** | | |
|  | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Father’s Name:** | **Father’s Phone: (   )** | | | **Address:** | **Employer:** | **Employer phone no.:** | | **(If different from child)** |  | **(   )** | |  | | | | | | | | | | | | | | |
| **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:**   |  | | --- | |  | | | | | | | | | | | | |
| **Identify the goals for the child (Ex. ).**   |  | | --- | |  | | | | | | | | | | | | |
| **Identify the goals for the parent (Ex. ).**   |  | | --- | |  |   **Has this family received previous parenting services? Yes  No**  **If so, what for? Please include name of Provider below:**   |  | | --- | |  |   **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)  |  |  |  | | --- | --- | --- | | 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 | | | | | | | | | | | | |
| 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. |  |  |  | | --- | --- | | Supervisor Name: | Ext. | | | | | | | | | | | | |
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