

**Young Parent Services Referral Form (up to age 24)**

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| **Date of Referral** |  |

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| **Parent Information** |
| Name |  |
| Address |  |
|  |
| County |  |
| Phone Number(s) |  |
|  |
| Email |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |

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| **Services Requested (check as many as apply)****Please call 612.877.7834 for information on availability and eligibility.** |
| Young Parent Education |  |
| Young Parent Mentoring |  |

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| **Child(ren) Information** |
| Name |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |
| **Child(ren) Information** |
| Name |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |
| **Child(ren) Information** |
| Name |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |

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| **Reason for Referral****Please include background information (school/peer issues, behavioral or safety concerns), desired outcome of service and attach supporting documentation as necessary. Call 612.877.7834 with questions.** |
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| **Living Situation (check as many as apply)****Please attach supporting documentation as appropriate.** |
| Residential treatment facility |  |
| Transitional housing facility |  |
| Out-of-home placement (e.g. foster care) |  |
| Independent |  |
| With family |  |
| Other |  |

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| **Involvement with County and Other Systems (check as many as apply)****Please attach supporting documentation as appropriate.** |
| Criminal Justice |  |
| Family Court |  |
| Child Protection Services (CPS) |  |
| Chemical Dependency Program |  |
| Assistance Program through State |  |
| Other |  |

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| **Other Family Members/Professional Supports** |  |
| **Name** | **Contact (phone/email)** | **Role/Relationship to Parent**  |
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| **Supporting Documentation (check if attached)** |
| Child Protection Services (CPS) Case Plan |  |
| Psychological Evaluation (required for Wraparound) |  |
| Court Hearing Report |  |
| Individualized Education Program (IEP) Statement |  |
| Parenting Assessment |  |
| Other |  |