

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...

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

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

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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.

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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>>