

Parenting Resource Center Parenting Class Referral Intake Form

1. Referral Information

- **Date of Referral:** _____
- **Referring Agency/Individual:** _____
- **Contact Person:** _____
- **Phone/Email:** _____

2. Parent/Guardian Information

- **Full Name:** _____ **Date of Birth:** _____
- **Address:** _____
- **Phone:** _____ **Email:** _____
- **Preferred Language:** _____

3. Child(ren) Information

Full Name	D.O.B.	Relationship to parent/guardian	Where does he/she live
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Reason for Referral

- Court-ordered requirement
- Voluntary participation
- Agency recommendation
- Other: _____

Brief Description of Concerns or Goals:

5. Relevant Background

- **Current Services Involved (if any):** _____
- **Any No-Contact Orders or Restrictions?** Yes No

If yes, please explain: _____

6. Is there a co-parent, grandparent or family member that provides support?

Name _____ **Relationship** _____

7. Class Preferences

- **Preferred Schedule:** Weekday Evening Weekend
- **Format:** In-person Virtual Either

8. Authorization & Consent

I authorize the release of this information to the PRC for the purpose of enrollment and participation.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Referring Party: _____ **Date:** _____