

**PARENTING EDUCATION PROGRAM  
REFERRAL FORM**

**Date:** \_\_\_\_\_

**Requesting Program:**  Pregnant/Parenting Intervention (PPI)(Travis County only)  
 Parenting Awareness & Drug Risk Education (PADRE) (Region 7)

**Client Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**CPS Status:**  Investigations  
 FBSS (Family-Based Safety Services)  
 CVS (Conservatorship)

**Referring Agency Information:**

Name: \_\_\_\_\_ Staff name/position: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Referral goal: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Client Is:** (check )  Expectant Father  Current Father  
 Expectant Mother  Current/Post-partum Mother

**Youngest Child's DOB:** \_\_\_\_\_ *If expecting, how many weeks pregnant?* \_\_\_\_\_

**Consent to Share Information:**

I, _____ agree to allow _____	
(Print name)	(Name of referring agency)
to <b>share AND receive</b> pertinent information regarding my referral to LifeSteps	
_____	_____
<i>Client Signature</i>	<i>Date Signed</i>
_____	_____
<i>Referring Staff Signature</i>	<i>Date Signed</i>

**For Office Use:**

<p><b>Notes:</b></p> <hr/> <hr/> <hr/>
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