

Parent Mentoring Initiative (PMI) Referral Form

240-499-8949 (Telephone) PMI@lead4lifeinc.org (Email)

~Please complete the entire form~

DSS County: _____

Date of Referral: _____ Referred By (Name/Title/Agency): _____

Phone: _____ Email: _____

Relationship to Family/Parent: Parent Attorney DSS Social Worker Child Attorney Other: _____

Parent Attorney DSS Social Worker- Name/Agency: _____

Phone: _____ Email: _____

Shelter Care Hearing /CINA Date: _____ Adjudication/Disposition Date: _____

Permanency Planning Hearing: _____ Review Hearing: _____

TPR/Guardianship Hearing: _____ Other (please specify): _____

Safety Risks: _____

PARENT INFORMATION

Name: (First/Last): _____ D.O.B./Age: _____

Relationship to Child: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Address: _____
(Street) (Apt #) (City) (State & Zip Code)

Phone: _____ E-mail: _____

Other Parent Name: (First/Last): _____ D.O.B./Age: _____

Relationship to Child: _____

CHILD(REN) INFORMATION

Child's Name (First/Last): _____ D.O.B./Age: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Foster Home Kinship Placement Residential: _____

Biological Family Adoptive Family Other: _____

Child's Name (First/Last): _____ D.O.B./Age: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Foster Home Kinship Placement Residential: _____

Biological Family Adoptive Family Other: _____

Child's Name (First/Last): _____ D.O.B./Age: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Foster Home Kinship Placement Residential: _____

Biological Family Adoptive Family Other: _____

PARENT/CLIENT / NEEDS & OTHER INFORMATION

It is helpful for us to have as much information on the parent/client you are referring so we can assign him/her to a service/mentor who can best serve their needs. Please provide as much information as possible in this section.

Has the parent/client had a previous psychological evaluation? YES NO If so, completed: _____

Has the parent/client been hospitalized in the past 6 months? YES NO If so, where and duration of stay: _____

Has the parent/client been detained in the past 6 months? YES NO If so, what was the reason: _____

Does the parent/client have any other special communication needs? YES NO If so, please explain: _____

What are the current symptoms promoting the request for service and/or mentor (check all that apply)?

- Anxiety
- Depression
- Withdrawn/Poor Social Interaction
- Mood Instability
- Psychosis or Hallucinations
- Bizarre Behavior
- Unprovoked Agitation or Aggression
- Self-Injurious Behaviors
- Inattention
- Hyperactivity
- Possible Autism
- Lack of family support
- Other: _____

PARENT/CLIENT DOCUMENT & ADDITIONAL INFORMATION

- CINA Petition **(Required)**
- Adjudication/Disposition Decision/Order **(Required)**
- Service Summary **(Required)** Purpose of Referral/what specific goals/needs are PMI sought for
- DSS Service Agreement
- FIM Report
- Safety Plan
- Other/Additional Information: _____

Please feel free to provide us with any additional information not included in your documents provided to Lead4Life you think may be helpful to us in providing services to this family:

L4L INTERNAL USE ONLY

Reviewed by: _____ Date: _____

Intake date: _____

Assigned to: _____ Date: _____

Comments: _____

Confirmation of Services to (mentor/billing/referral source): _____ Date: _____

- Phone call
- Email
- Text

We appreciate you taking the time to complete this referral form and for giving us the opportunity to serve the family. Please feel free to call/e-mail us with any questions or concerns.