



**Parent Partners Program Referral Form**  
 Send Referrals to: Parentpartners@northcare.com  
 Phone: 405.858.2700

This form can be completed electronically. Please complete one referral per parent.

|  |                      |  |                             |                      |                        |                  |
|--|----------------------|--|-----------------------------|----------------------|------------------------|------------------|
| <b>PARENT INFORMATION</b>  |                      |  | <b>Age</b>                  | <b>Date of Birth</b> | <b>SS Number</b>       | <b>Ethnicity</b> |
| Name:  |                      |  |                             |                      |                        |                  |
| Other names used:  |                      |  |                             |                      |                        |                  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                      | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living Together |                             |                      |                        |                  |
| <b>CONTACT INFORMATION</b>   |                      |  |                             |                      |                        |                  |
| Address:   |                      |  | <b>City</b>                 | <b>State</b>         | <b>Zip Code</b>        |                  |
| Street:  |                      |  |                             |                      |                        |                  |
| Phone – Cell   |                      | <b>Parent Client ID:</b>   | <b>KK Number:</b>           |                      |                        |                  |
| <b>BIOLOGICAL CHILDREN:</b>  | <b>Date of birth</b> | <b>Child Client ID</b>   | <b>BIOLOGICAL CHILDREN:</b> | <b>Date of birth</b> | <b>Child Client ID</b> |                  |
| Name(s)  |                      |  | Name(s)                     |                      |                        |                  |
|  |                      |  |                             |                      |                        |                  |
|  |                      |  |                             |                      |                        |                  |
|  |                      |  |                             |                      |                        |                  |
| <b>Date Children were Removed:</b>                                 |                      |  |                             |                      |                        |                  |
| <b>Permanency worker:</b>  |                      | <b>Phone #</b>   |                             | <b>Email:</b>        |                        |                  |
| <b>Permanency supervisor:</b>                                      |                      | <b>Phone #</b>   |                             | <b>Email:</b>        |                        |                  |

**REFERRING INFORMATION**

- Why do you believe this family could benefit from having a Parent Partner?
- What are immediate resources and/or services the parent needs?
- What are the reasons for Child Welfare involvement?
- Next Court date: \_\_\_\_\_ Type of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_
- Person making the referral (Name): \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

