Referral Form

PREP Preventing, Responding, Educating, & Parenting

A Non-Offending Caregivers Group

**Caregiver Information**

**Caregiver Name**: Click here to enter text. **Best time to contact parent**: Choose an item.

**Primary Language**: Click here to enter text. **Best Phone Number**: Click here to enter text.

**Address (full):** Click here to enter text.

**Relationship of perpetrator to victim**: Choose an item. **Age of child:** Click here to enter text.

**Has child been referred to TFS?** [ ]  Yes [ ]  No  **If yes, name of child**: Click here to enter text.

**Referring Agency Information**

**Referral Date**: Click here to enter a date. **Referring Agency**: Click here to enter text.

**Referral Contact Name**: Click here to enter text. **County**: Click here to enter text.

**Phone Number**: Click here to enter text. **Email Address**: Click here to enter text.

**DSS Involvement**? Choose an item. **If yes, social worker name and number**: Click here to enter text.

**Identify needs to be addressed**: Click here to enter text.

 **What components do you prefer the caregiver attends?**

[ ] Psychoeducation of Child Sexual Abuse [ ] Coping and Communication

[ ] Impact on Children and the Family & Dealing with the Outside World

[ ]  Parenting Skills and Prevention

Please Fax, or email completed form to (please be sure to password protect document):

Triangle Family Services, Attn: Nellie Mejia

(919) 821-0790 ext 333 (phone)

(919) 518-9476 (fax)

Email: NMEJIA@TFSNC.ORG