



Triangle Family Services

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