



KINGS COUNTY FAMILY RESOURCE CENTRE

Parenting Journey

Referral Form

A. Parent/Guardian Details

Name: _____

Address: _____

Phone Number: _____

B. Children/Youth

<u>Names of Children</u>	<u>Ages</u>	<u>Male/Female</u>	
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F

C. Other Members in the Household and Relationship to the Family

D. Referral Source (Including self-referral)

Name: _____ Organization: _____ Phone: _____

E. Reason for Referral:

____ Parent Support _____

____ Child/Youth Well-Being & Development _____

____ Family Life Management _____

____ Community Resources & Connections _____

F. Is there a pet in the house? Y N _____

G. Is there smoking in the house? Y N _____

F. Parent/Guardian Signature indicating Consent to Referral:

Parent/Guardian

Date



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Parenting Journey Consent Form

Parent/Guardian Name: _____

Discussed

- Parenting Journey** is a program to promote the healthy development and well-being of children age 3-16 years and their families through home visitation.
- Families in the **Parenting Journey** program participate in an initial information gathering interview and in the development of their family plan with the Home Visitor. Families agree to be active participants in the planning and carrying out of their family plan.
- Due to the demand for this program, if families miss scheduled sessions on a regular basis, the family may be placed on a waitlist. The **Parenting Journey** Home Visitor will attempt to contact you after a missed visit to discuss your further participation in this program.
- The **Parenting Journey** Home Visitor is a visitor in your home and will respect this fact. Visits may vary in length and frequency, depending on what you want or need.
- We will call in advance to remind you of your scheduled visit. If you need to cancel a scheduled visit, please contact the Home Visitor.
- Records containing information about you and your family's participation in the **Parenting Journey** program will be kept in a locked drawer. You may have access to these records at any time.
- All information about you and your family and your participation in this program are kept confidential. Staff will not discuss your family with anyone outside of the program without your permission.
- Confidentiality as outlined in #5 and #6 above cannot be kept if the Kings County Family Resource Center staff have any reason to believe that a child is experiencing neglect or abuse and is in need of protection.
- Participation in the **Parenting Journey** program is voluntary. You may withdraw from the program or choose not to participate in any activity, at any time.

I understand the above and agree to participate in the Parenting Journey program.

Signature of Parent/Guardian

Date

Signature of Witness

Date