



Paths To Wellness Children & Family Services Referral

Primary Reason for referral:

- Reunification
- Substance Abuse
- Behavioral
- Prenatal
- Removal Prevention
- Threat of Harm
- Vocational/Educational
- Maintaining Permanency
- Adoption
- Adoption
- Custody Related
- Parenting/Co-parenting

Services Requested:

- Counseling to address parenting issues
- Triple P Parenting (not covered by insurance)
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- Individual and/or Family counseling
- Supervised Visitation

Presenting Concerns:

- Safety & Supervision
- Housekeeping
- Mental Illness of _____
- Physical Disability
- Educational Involvement
- Conduct/Delinquency
- Substance Use by child
- Abusive Parenting
- Grandparenting
- Structure & Routine
- Managing Behavior
- Prenatal Parenting Preparation
- Single Parenting
- Inadequate child care
- Grooming
- Intellectual Disability
- Marital Conflict
- Discipline
- ADHD
- Reunification
- Dependent Children
- Grief/Loss
- Communication
- Substance Abuse
- Sexual Responsibility
- Oppositional/Defiant
- Anxiety
- Mood Management
- Truancy
- Social Skills
- Vocational/Educational
- Depression
- Blended Family
- Bonding Attachment
- School Adjustment
- Trauma
- Sibling Rivalry
- Gifted & Talented
- Violence in the home

Current/previous report of child abuse & neglect Yes No to DSS Law Enforcement Date: _____

Family Information

Parent 1: Age: DOB: SSN:

Address: City/State/Zip:

Phone: Health Insurance Plan/ID:

Employer:

Parent 1: Age: DOB: SSN:

Address: City/State/Zip:

Phone: Health Insurance Plan/ID:

Employer:

Children

Child 1: Age: DOB: SSN

Insurance Plan/ ID:

Child 2: Age: DOB: SSN

Insurance Plan/ ID:

Child 3: Age: DOB: SSN

Insurance Plan/ ID:

Child 4: Age: DOB: SSN

Insurance Plan/ ID:

Please narrate concerns/needs & strengths of the family:

Referred by/Agency: Date:

Phone

Email

Please fax to use at (864) 509-0250 or email to stacy@paths2wellness.org