

CENTER FOR ATTACHMENT — & TRAUMA —

Request for Intensive Parenting

**** Along with this request form, please send any copies of evaluations, recommendations, social history or other necessary/relevant court documents to provide more information about the needs of the family we will be serving ****

Parent Name (1): _____ Phone # _____

DOB: _____ Gender: _____ Race: _____

Address: _____

Primary language spoken: _____

Parent Name (2): _____ Phone # _____

DOB: _____ Gender: _____ Race: _____

Address: _____

Primary language spoken: _____

Duration of Intensive Parenting: 12 Classes Other: _____

Frequency: Weekly Biweekly

Day/Time Preference: _____

Location of Visits: CBC Office Home Virtual

Referring Agency: _____ Phone #: _____

Case Manager Name: _____ Email: _____

Requester's Signature: _____ Date: _____

****Please attach contact information for ALL case managers that are involved****

Why is intensive parenting being requested?

Are there any safety concerns for the family?

Is there any other information to be aware of regarding family dynamics, relationship status, etc.?

Internal Use (DO NOT FILL OUT)

Assigned _____

Phone # _____ *Date Services Start:* _____

Supervisor Signature: _____ *Date:* _____