

**LKLP Parent Self-Help Education Program - Referral Form**  
**606-436-3161**

**Fax (606) 439-2229 email (p.brewer@lklp.net)**  
**Pam Brewer, Program Director**

**Referral Source:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Phone:** ( ) - \_\_\_\_\_ **Fax:** ( ) - \_\_\_\_\_ email address: \_\_\_\_\_

**Referral Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Type of Referral:** \_\_\_\_\_

**Name of Parents:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S.#:** \_\_\_\_ - \_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S.#:** \_\_\_\_ - \_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) - \_\_\_\_\_

**Children:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S.#:** \_\_\_\_ - \_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S.#:** \_\_\_\_ - \_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S.#:** \_\_\_\_ - \_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S.#:** \_\_\_\_ - \_\_\_\_

**In order for the classes to meet the needs of the individuals being referred, please check in the spaces below, the area/areas, which describe the needs of the clients you are referring.**

**Negligence:** \_\_\_\_\_

**Abuse:** \_\_\_\_\_

- \_\_\_ Educational
- \_\_\_ Physical
- \_\_\_ Emotional

- \_\_\_ Physical
- \_\_\_ Sexual
- \_\_\_ Emotional
- \_\_\_ Other

**Dysfunctional Family Behaviors**

- \_\_\_ Disorganization (lack of routines, missed appointments, excessive school absences)
- \_\_\_ Violence (Partner)
- \_\_\_ Isolation or Withdrawal
- \_\_\_ Financial Management
- \_\_\_ Substance Abuse
- \_\_\_ Failure to accept responsibilities
- \_\_\_ Hygiene (personal or household)
- \_\_\_ Conflict with Relationship

Has this client been referred to Kentucky River Community Care? \_\_\_ Yes \_\_\_ No

Client's Level of Cooperation \_\_\_\_\_

