



# Positive Parenting Program Triple P Referral Form

Fax # (805) 278-4391

ICFS Triple P Program available:  
Moorpark, Simi Valley, El Rio, Santa  
Clara Valley, Pleasant Valley and Conejo  
Valley (serving families with children 0-5).

Referral Date: \_\_\_\_\_

Referring Organization: \_\_\_\_\_

School: \_\_\_\_\_

Referring Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Client Information:

Parents' Primary Language: English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Primary #: \_\_\_\_\_

Secondary #: \_\_\_\_\_

Address: \_\_\_\_\_

Do we have permission to leave a msg? Yes \_\_\_\_\_ No \_\_\_\_\_

## Behaviors:

Defiance \_\_\_\_\_ Non-Compliance \_\_\_\_\_ Aggression \_\_\_\_\_

Lying \_\_\_\_\_ Talking Back/Disrespect \_\_\_\_\_ Truancy \_\_\_\_\_

Other \_\_\_\_\_

Comments \_\_\_\_\_

Has the family been notified of the Triple P referral? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the family received Level 2 or 3 interventions? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that I am being referred to Interface Children & Family Services for Triple P. I hereby give my consent for the exchange and release of information for this purpose.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## For ICFS Staff use only:

Therapist: \_\_\_\_\_

Date of Screening/Intake: \_\_\_\_\_

EPSDT \_\_\_\_\_ Group: \_\_\_\_\_

Level 3 \_\_\_\_\_

NfL \_\_\_\_\_ Individual: \_\_\_\_\_

Level 4 \_\_\_\_\_

Level 5 \_\_\_\_\_

Version 080818

If you have any questions, please contact the Interface Triple P Intake Department at (805) 485-6114 ex625