IOWA Health and Human Services

Parent Partner Program

Participant Profile Referral/Intake Form

Referral/Intake Information

Referral/Intake Information	
Person Making Referral	Date of Referral
Email	Phone
Referral Agency: ☐ HHS ☐ Self ☐ Other	
Does the participant know a referral is being made? ☐ Yes ☐ No Release signed? ☐ Yes ☐ No	
Reason for referral:	
Has the participant attended a Family Focused Meeting (FFM)? ☐ Yes ☐ No	
Date of FFM (if different from referral date)	Time of FFM
Current concerns: ☐ Domestic Violence ☐ Substance Use ☐ Mental Health – Participant ☐ Housing ☐ Physical Abuse ☐ Mental Health – Child(ren) ☐ Child(ren) Supervision ☐ Sexual Abuse ☐ Other:	
HHS Worker (if different from "Person Making Referral"):	
Email:	Phone:

Participant Information	
Referred Participant Name (Last, First)	☐ Mother ☐ Father
Participant FACS ID#	Date of birth
Youngest Child FACS ID#	
Primary Phone Number	Alternate Phone Number
Current Address (Street Address, City, State, ZIP Code)	
County	Email

(Turn over for page 2)

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Participant's Family Information	
Other Participant Name (Last, First):	☐ Mother ☐ Father
Has this participant been referred to the PP program? ☐ Yes ☐ No	
Does this participant share custody of children? ☐ Yes ☐ No ☐ Other Explain:	
Email:	Phone:
Is this case considered: ☐ In-home support ☐ Out-of-home placement support**	
If in-home support:	
Date of initial Child Safety Conference (CSC)	Date of follow-up CSC:
If out-of-home placement support, date and reason:	

**This includes parents who can only reside with their children under special conditions directed by the courts (e.g., substance use treatment or relative care).

Children's placement information:		
Has this participant had prior involvement with HHS? ☐ Yes ☐ No If yes, when and why?		
Date of next FFM	Time	Location
Date of next court date	Time	Location

Full name of Participant Member	Relationship	Date of Birth (MM/DD/YY)	Sex (M/F)	Race*	Hispanic/ Latino Heritage (Y/N)
	Participant (Self)				

*Mark all that apply. American Indian/Alaska Native (A/AN), Black/African-American (B), White (W), Asian (A), Native Hawaiian/Other Pacific Islander (NH/PI), Don't Know (DK), Refused (R), or Other – specify.

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Attempts to contact Participant		
Date	Type (Phone, email, Face-to-Face)	Comments

Result of Referral:

☐ Client accepted ☐ Client declined support ☐ Client not appropriate for support

PP Assigned (Name)	Date
Date of entry of intake in database:	Date of intake completion