Triple P Referral Form

Date of Referral		**Case Number**		**County**	
Parent	First	Last	DOB	Cell	Home
Co-Parent	First	Last	DOB	Cell	Home
Children	First	Last	DOB		
First		Last		DOB	
First		Last		DOB	
First		Last		DOB	
List additional children, or special needs of parents or children, in the Notes Section below.					

Family Address:

House #	*Street*	*City*	*State*	*Zip*

Family should meet all minimum referral criteria *(Exceptions will be sent to IHPS for consideration):*

☐ Has a non-court-involved PS, SS, or Differential Response case	☐ At least one child in the home is between the ages of 0-17.	☐ Substance misuse does not prevent family participation.	☐ At least one of the eight FAST items related to Triple P has been scored with a rating of 2 or 3.

Choose the Triple P principle(s) that best describe your reason for referral.

☐ Ensuring a safe, supervised, and engaging environment

☐ Using consistent, predictable, and assertive discipline

☐ Creating a positive learning environment

☐ Having realistic expectations, assumptions, and beliefs

☐ Taking care of oneself as a parent

Choose the applicable FAST trigger(s) that have a rating of a 2 or 3 for this family.

☐ Family Role Appropriateness

☐ Caregiver's Empathy With Children

☐ Caregiver's Supervision

☐ Caregiver's Discipline

☐ Knowledge of Child

☐ Developmental

☐ Safety

Reminder: The FAST does not have to be formally completed in CHRIS before a referral is made.

- Triple P (☐ is ☐ is not) in the family's case plan.
- Family (☐ is ☐ is not) committed to participating in Triple P for 10 sessions.
- Family (☐ does ☐ does not) have potential scheduling conflicts.

In the box below, please describe the reason the case was open and provide any additional information or special accommodations to be considered.
Notes:

Referring FSW	Name	Email (@dhs.arkansas.gov)	Office Phone	Cell Phone
Supervisor	Name	Email (@dhs.arkansas.gov)	Office Phone	Cell Phone