

## Parent Support Outreach Program **Application Form**

**Program Description** 

The Parent Support Outreach Program strives to provide support services to Ramsey County families with children.

Yes

No

Date received

Intake worker

Revised: February, 2020

Caregiver notified of decision

Family and Community Partnership 160 Kellogg Blvd. E. Saint Paul, MN 55101 Phone: 651-266-4882 651.266-4895 Fax: 651-266-3702

Primary Caregiver Information:	ssd.parentsupportoutreachprogram@co.ramsey.mn.		
Name		Date / /	
Birthdate/	ldle initial social securi	, ,	
Address		Number	
Do you need an interpreter? Yes No Primary	Language		
Is the caregiver aware of the referral? Yes No Secondary Caregiver Information:			
Name			
Name   Iast name   first name	mic	ddle initial	
Birthdate/ / Gender:Male Fen	nale Primary Lang	uage	
Child(ren)'s Last Name, First	Gender (M/F)	Date of birth (M/D/Y)	
			—
Check any or all that apply to your situation:	Area(s) your	family needs assistance with:	
Emotional or behavioral concerns			
Substance abuse			-
Mental health concerns			
Experienced child abuse			•
Experienced domestic abuse			-
Childhood child protection involvement			_
Experienced homelessness			
Other: (Specify)			-
To be filled out by staff:	Referring	source information:	
SSIS cleared Yes No Date	Referral agency		

Staff name

Agency phone #

Yes

Yes

No

No

Agency fax #

Staff email Referent notified?

Caregiver want

notification?