

1329 Jake Alexander Blvd S.  
Salisbury, NC 28146



Phone: 704-630-9085  
Fax: 704-603-3340

## Triple P Positive Parenting Referral

### Family Information

Parent/Guardian Name (s): \_\_\_\_\_

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

Phone #(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Name	DOB	Is DSS Involved?	Residing with Parent?
_____	_____	YES or NO	YES or NO
_____	_____	YES or NO	YES or NO
_____	_____	YES or NO	YES or NO

### Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referral Source

Name: \_\_\_\_\_ Date Referral sent: \_\_\_\_\_

Agency: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Staff Information (for office use only)

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

Referral given to and date: \_\_\_\_\_

Decision: \_\_\_\_\_

Please fax referrals to Shurna  
Rabsatt at 704-603-3340 or  
email them to  
[Srabsatt@smartstartrowan.org](mailto:Srabsatt@smartstartrowan.org)

