



TAMPA BAY ACADEMY OF HOPE PLAN PARENTING REFERRAL

1. Referral source and parent or caregiver information

PLAN (Parent Leadership Advocacy Network) offers free parenting classes based on the evidence-based Nurturing Skills curriculum, plus parent advocacy and family support, for parents and caregivers in Hillsborough and Polk counties. Agencies, schools, case managers, and families may refer.

Share only what is needed for a referral. Do not include Social Security numbers or attach case files, court orders, or medical records. This form is not monitored for emergencies. If a child is in immediate danger, call 911. To report abuse or neglect, call the Florida Abuse Hotline at 1-800-962-2873.

Save the completed form and email it to info@tampahope.org. Questions? Call (813) 620-4029.

REFERRAL SOURCE

Referral date

Referring person / title

Agency / school / program (or self-referral)

Phone

Email

- ☐ Child welfare / case management ☐ School ☐ Court ☐ Health or behavioral health provider
☐ Community agency ☐ Faith community ☐ Self or family

PARENT OR CAREGIVER

Parent or caregiver name

Preferred language

Phone

Email (if any)

City / ZIP code

Best way and time to reach them

County

- ☐ Hillsborough ☐ Polk ☐ Other county

Relationship to the child or children

- ☐ Parent ☐ Grandparent / relative caregiver ☐ Foster or kinship caregiver ☐ Guardian ☐ Other

Number of children in the home

Children's ages

Other adults or co-parents who may also attend (names, optional)



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2. Reason for referral, scheduling, contact permission, and TBAH follow-up

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

- ☐ Nurturing and positive parenting skills ☐ Discipline and routines ☐ Parent-child communication
☐ Managing stress and anger ☐ Co-parenting ☐ Child or teen behavior concerns
☐ Family reunification or case plan ☐ Parent advocacy / school support ☐ Other

Brief reason for referral and family strengths (minimum necessary detail)

Is parenting class part of a court order or case plan?

- ☐ Yes, court ordered or case plan ☐ No ☐ Not sure

Case manager or contact for progress updates (name, agency, phone), if applicable

SCHEDULING

Times that work for the parent or caregiver

- ☐ Weekday daytime ☐ Weekday evening ☐ Weekend

Possible barriers to attending

- ☐ Transportation ☐ Childcare ☐ Work schedule ☐ Language ☐ Other barrier

CONTACT PERMISSION

- ☐ Parent or caregiver is aware of this referral ☐ Parent or caregiver agrees to be contacted by TBAH

Parent or caregiver signature / typed acknowledgment (optional)

Date

Next step: save the completed form and email it to info@tampahope.org. Questions? Call (813) 620-4029. www.tampahope.org

TBAH STAFF USE ONLY

Received by / date

Assigned staff

- ☐ Contacted ☐ Enrolled in class ☐ Waitlisted ☐ Referred elsewhere ☐ Unable to contact

Class start date / location / next action