

## THE NEST PROGRAM

**NEW IN-HOME PARENTING PROGRAM** 

All of us want happy, healthy, well-rounded children. However, there can be times when meeting that goal is difficult. Whether your family is facing changes or your child is showing behaviors that you're unsure of, we can help!

The Nest Program is designed to help the whole family. This in-home parenting program focuses on your family's strengths and facilitates attainable goals that will support it for years to come. Our approach includes connecting, empowering, and correcting principles based in TCU's Trust-Based Relational Intervention (TBRI). This method is evidence-based and results driven, so we are able to best help your family.

in-home parent coaching • telehealth & in-home counseling • parent-child activities

For more information on the program and the unmatched benefits, please visit theparentingcenter.org or call Program Director Kathryn Thalken at 817-632-5537.



## **NEST REFERRAL FORM**

Clients can be referred by community agency or self-referred

Today's Date:	

First Nemo:	Primary Caregiver	Information				
Primary Language: □ English □ Spanish □ Other:	First Name:		Last Name:		Dat	e of Birth:
Phone: Fmail:	Gender: 🗆 Female 🗆	Male □ Identify as:				
Address: Street Gity State Zip County  In order to be eligible for this program, the family must answer YES to the following questions:  Do you have a child/children between the ages of 3 and 16 years old? I Yes INO  Does the child/children live with you at least helf of the time? I Yes INO  Do you currently reside in Tarrant County? Yes INO  Are you willing to commit to 10 sessions with a Parent Coach? Yes INO  Are you willing to make a life change? I Yes INO  Are you willing to make a life change? I Yes INO  Are you willing to make a life change? I Yes INO  Are you willing to make a life change? I Yes INO  Are you willing to make a life change? I Yes INO  Are you willing to make a life change? I Yes INO  Are you willing to make a life change? I Yes INO  And our or your child experience one of the following (check all that apply):  Moderate/high stress in family I Difficult/stressful pregnancy I Difficult/complicated birth I Early hospitalization (birth-3 years old)  Abuse or neglect. In Trauma of some kind (domestic violence witness, natural disaster survivor, divorce, etc.) II Adoption or foster care  Other:  Stere a current open CPS case? I Yes INO  A current open case will be considered for services.  What is the presenting issue for the family?  Date Referral Sent:  Email:  Phone:  If this form is being filled out by an agency, is the client aware of this referral? I Yes INO  Please fax back to 817-332-6489 attention: Kathryn Thalken or email to kthalken@theparentingcenter.org.	Primary Language: □ E	 English □ Spanish □ Ot	her:			
In order to be eligible for this program, the family must answer YES to the following questions:  Do you have a child/children between the ages of 3 and 16 years old?    Yes    No    Do	Phone:	-	Email:			
In order to be eligible for this program, the family must answer YES to the following questions:  Do you have a child/children between the ages of 3 and 16 years old?   Yes   No  Do you currently reside in Tarrant County? !! Yes   No  Are you willing to commit to 10 sessions with a Parent Coach?   Yes   No  Are you willing to make a life change?   Yes   No  Are you willing to make a life change?   Yes   No  Have you or your child experience one of the following (check all that apply):    Moderate/high stress in family   Difficult/stressful pregnancy   Difficult/complicated birth   Early hospitalization (birth-3 years old)   Abuse or neglect   Trauma of some kind (domestic violence witness, natural disaster survivor, divorce, etc.)   Adoption or foster care   Other:	Address:					
Do you have a child/children between the ages of 3 and 16 years old? □ Yes □ No  Does the child/children live with you at least half of the time? □ Yes □ No  Do you currently reside in Tarrant County? □ Yes □ No  Are you willing to commit to 10 sessions with a Parent Coach? □ Yes □ No  Are you willing to make a life change? □ Yes □ No  Have you or your child experience one of the following (check all that apply):  □ Moderate/high stress in family □ Difficult/stressful pregnancy □ Difficult/complicated birth □ Early hospitalization (birth-3 years old)  □ Abuse or neglect □ Trauma of some kind (domestic violence witness, natural disaster survivor, divorce, etc.) □ Adoption or foster care  □ Other:  □ Sthere a current open CPS case? □ Yes □ No  □ A current open case will be considered for services.  What is the presenting issue for the family?  — Agency Name (if applicable):  □ Date Referral Sent:  □ Email:  □ Phone:  □ If this form is being filled out by an agency, is the client aware of this referral? □ Yes □ No  Please fax back to 817-332-6489 attention: Kathryn Thalken or email to kthalken@theparentingcenter.org.		Street	City	State	Zip	County
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Agency Name (if applicable):  Date Referral Sent:  Email:  Phone:  If this form is being filled out by an agency, is the client aware of this referral?   Yes   No  Please fax back to 817-332-6489 attention: Kathryn Thalken or email to kthalken@theparentingcenter.org.  TPC Use Only:  Date Referral Received:	what is the presenting	sissue for the family:				
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Date of 1st contact with family: Type and Coach:		0				
Date of 2nd contact with family: Type and Coach:		•				
Date of 3rd contact with family: Type and Coach:		*		• •		