

Parent Support Outreach Program (PSOP)

Application for services

Instructions

You must also complete the Notice of Privacy Practice and Non-Epic Tennesen Warning forms.
Provide information about all eligible family members, beginning with yourself. Use black ink and write clearly.

Check all that apply (You must check at least two responses to qualify):

- Within the past 12 months, I have been homeless or displaced.
- Within the past 12 months, I have been in an abusive relationship.
- Within the past 12 months, I have used alcohol or drugs in a way that interferes with family life.
- Within the past 12 months, I have had difficulties with parenting and/or my child's behavior.
- I experienced abuse or neglect as a child.

List areas your family needs assistance with:

You must list at least two areas, such as "medical needs" or "job training and searching."

Applicant information

Your name _____

Signature _____

Date _____

What is your primary language? _____

Check the box if you speak and/or read English.

Check the box if your family lives in Hennepin County.

Identified race or ethnicity? _____

Check the box if you referred yourself to this program.

Referral source

For referring agency/resource to complete.
Please include your agency's release of information if you would like to track the status of this application.

Agency name _____

Staff name _____

Agency phone number _____

Agency fax number _____

Staff email _____

www.hennepin.us/parentsupport

PSOPnewreferrals@hennepin.us

612-348-0211

Fax: 612-677-6450



What is your contact information

Name of parent 1

Date of birth

Address

City

State

Zip

Home phone number

Cell phone number

Email address

Name of parent 2

Date of birth

Address

City

State

Zip

Home phone number

Cell phone number

Email address

Family information

Child name (1)

Male/Female Date of birth Age

Does this person have a disability? If yes, please describe the disability.

Child name (4)

Male/Female Date of birth Age

Does this person have a disability? If yes, please describe the disability.

Child name (2)

Male/Female Date of birth Age

Does this person have a disability? If yes, please describe the disability.

Child name (5)

Male/Female Date of birth Age

Does this person have a disability? If yes, please describe the disability.

Child name (3)

Male/Female Date of birth Age

Does this person have a disability? If yes, please describe the disability.

Child name (6)

Male/Female Date of birth Age

Does this person have a disability? If yes, please describe the disability.
