

# 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."*

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### Applicant information

Print 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? \_\_\_\_\_

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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](http://www.hennepin.us/parentsupport)

[PSOPnewreferrals@hennepin.us](mailto: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 (2)

\_\_\_\_\_  
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 (4)

\_\_\_\_\_  
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 (6)

\_\_\_\_\_  
Male/Female      Date of birth      Age

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