

# Parent Support Outreach Program (PSOP)

## Instructions

## APPLICATION FOR SERVICES

You must also complete the Notice of Privacy Practice and Non-Epic Tennessee 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

Print your name

Signature

Date (mm-dd-yyyy)

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

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic American
- White / Caucasian
- Other / Additional (Specify) \_\_\_\_\_

### Referral Source

- Check the box if you referred yourself to this program

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



**APPLICATION FOR SERVICES**

**Family Information**

Name of parent 1 _____ Date of Birth (mm-dd-yyyy) _____ <hr/> Address _____ City _____ State _____ ZIP Code _____ <hr/> Home phone number _____ Cell phone number _____ Email address _____ <hr/> Does this person have a disability? If yes, please describe the disability _____ <hr/>	
Name of parent 2 _____ Date of Birth (mm-dd-yyyy) _____ <hr/> Address _____ City _____ State _____ ZIP Code _____ <hr/> Home phone number _____ Cell phone number _____ Email address _____ <hr/> Does this person have a disability? If yes, please describe the disability _____ <hr/>	
Child name (1) _____ <hr/> <input type="checkbox"/> Male    Date of birth (mm-dd-yyyy) _____ Age _____ <input type="checkbox"/> Female _____ Does this person have a disability? If yes, please describe the disability _____ <hr/>	Child name (4) _____ <hr/> <input type="checkbox"/> Male    Date of birth (mm-dd-yyyy) _____ Age _____ <input type="checkbox"/> Female _____ Does this person have a disability? If yes, please describe the disability _____ <hr/>
Child name (2) _____ <hr/> <input type="checkbox"/> Male    Date of birth (mm-dd-yyyy) _____ Age _____ <input type="checkbox"/> Female _____ Does this person have a disability? If yes, please describe the disability _____ <hr/>	Child name (5) _____ <hr/> <input type="checkbox"/> Male    Date of birth (mm-dd-yyyy) _____ Age _____ <input type="checkbox"/> Female _____ Does this person have a disability? If yes, please describe the disability _____ <hr/>
Child name (3) _____ <hr/> <input type="checkbox"/> Male    Date of birth (mm-dd-yyyy) _____ Age _____ <input type="checkbox"/> Female _____ Does this person have a disability? If yes, please describe the disability _____ <hr/>	Child name (6) _____ <hr/> <input type="checkbox"/> Male    Date of birth (mm-dd-yyyy) _____ Age _____ <input type="checkbox"/> Female _____ Does this person have a disability? If yes, please describe the disability _____ <hr/>