

Child Care Resource Center 5350 Oberlin Ave., Lorain, Ohio 44053 440-960-7187 ext.238 / 440-960-7191 Fax

PARENTING WISELY PROGRAM Referral Form



Parent Guardian				Other:
Race	Gender	Age	DOB	
Street Address:	Apt. #	t: City	:	Zip Code:
Home Phone#:	Parent(s) Work	Phone #:		Other #
Children in the Household/Age				
*Referral Source:(Court, LCCS, Parish Nurse, Community agency)				
*Required Completion Date: Completed Information faxed to: (name/fax # or email)				
Court History/Case History				
Referral Offense or Com	plaint			
Date of Offense/Complaint	Date of Referral:	Level of O	ffense:	
		Referred I	•	
Court Date:		Counselor/Worker Phone #:		
Companions:	Age:			
		Court Cou	nselor:	
LCCS History/Referral				
Reason for Referral				
Level of Offense or Risk, determined by agency: Substantiated Unsubstantiated				
Date of Offense/Complaint	Date of Referral:	Level of O	ffense:	
		Referred I	•	
Court Date:		Counselor/Worker Phone #:		

Funding for the Parenting Wisely program in Lorain County provided by the Ohio Children's Trust Fund.