



**NURTURING BRAVE HEARTS PARENT EDUCATION REFERRAL FORM – OUTSIDE AGENCIES**

Please complete this form to refer survivors of domestic violence to the Merryman House’s Parent Education Program: Nurturing Brave Hearts. Return this completed form to the Merryman House Domestic Crisis Center by any of the following methods. Any questions about this program can be directed to the Director of Client Services, Brooke Jacobs, at the email address listed below.

**Mail:** Attn: Director of Client Services  
 PO Box 98  
 Paducah, KY 42002

**Fax:** Attn: Director of Client Services  
 (270) 443 - 9146

**Email:** [brooke@merrymanhouse.org](mailto:brooke@merrymanhouse.org)

<b>Date</b>	
<b>Name and Title of Person Completing Referral</b>	
<b>Agency Referring Parent</b>	
<b>Name of Parent</b>	
<b>Eligibility Criteria</b> ( <i>select all that apply</i> )	<input type="checkbox"/> Parent is a victim of domestic violence <input type="checkbox"/> Parent resides within the Purchase Area Development District (Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall or McCracken County) <input type="checkbox"/> Parent has an open case with DCBS <input type="checkbox"/> Parent has child(ren) between the ages of 0 – 12 years old
<b>Safe Phone Number for Parent</b>	
<b>County of Residence</b>	
<b>DCBS Case Status</b>	
<b>DCBS Office Managing Case</b>	
<b>Name of Caseworker</b>	
<b>Phone Number of Caseworker</b>	
<b>Email Address of Caseworker</b>	
<b>Interested in Easy Reader Handbook</b> ( <i>helpful for those with difficulty reading, Limited English Proficiency, etc.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Will the Parent Need Transportation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Parent Availability:</b> <i>Please list the dates and times that the parent anticipates being available to attend parent education. This information is used to help inform group schedules.</i>	



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Chart of Dependents					
Name of Child	Age	Gender	Currently in Custody Of	Has child been permanently removed?	Participating in Nurturing Brave Hearts Youth Services

MERRYMAN HOUSE STAFF ONLY: ENROLLMENT INFORMATION

Was the parent enrolled in the Merryman House’s Nurturing Brave Hearts Parent Education Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrollment Date (if applicable)	<input type="checkbox"/> N/A
If not enrolled, why? (if applicable)	<input type="checkbox"/> N/A
If not enrolled due to lack of space, was the parent added to list of potential candidates for next cohort?	<input type="checkbox"/> Yes <input type="checkbox"/> No, because _____
Notes	
Signature of Staff Completing Enrollment	
Date	
Parent Signature	
Date	