Teen Parent Support Program (TPSP) Cal-Learn Referral Form

Date: ____________________

Name of teen being referred: ____________________

Age: __________ Date of birth: __________ S.S.N: __________

Address: __________ Apt # ______ City: __________ Zip Code: ______

Home Phone #: __________ Message Phone #: __________

Race/Ethnicity: __________ Language spoken: __________ Language of parents: __________

Can we contact client at home? Yes ☐ No ☐ (if no, how do we contact?) __________

Is client aware of this referral? Yes ☐ No ☐

With whom does client reside: (parent, relative, father of baby, foster home, other) __________

Is client pregnant: Yes ☐ No ☐ EDC (Due Date): __________ Is client parenting: Yes ☐ No ☐

Health care provider: __________

IF PARENTING:

Child's name:	DOB:	☐Female ☐Male
Child's name:	DOB:	☐Female ☐Male

Is Client in school? Yes ☐ No ☐ Name of school: __________

Issues to be addressed by case manager:

- ☐ Child Care
- ☐ Domestic Violence
- ☐ Education
- ☐ Emotional Problems
- ☐ Family/Partner Conflicts
- ☐ Financial
- ☐ Growth and Development concerns
- ☐ Health Education
- ☐ Housing
- ☐ Lack of Medical Care
- ☐ Medical Problems
- ☐ Weight gain/feeding problems
- ☐ Substance Abuse
- ☐ Vocational
- ☐ Parenting Issues

Additional Comments/Information: __________

Referred by: __________ Title: __________

Agency: __________ E-Mail: __________

Address: __________ City: __________ State: ______ Zip Code: ______

Phone: __________ Fax: __________ Reply requested: Yes ☐ No ☐

Send form to: Planned Parenthood Mar Monte/Teen Parent Support Program
1879 Senter Rd. San Jose CA 95112
or Email: tpsp@ppmarmonte.org

Phone Number: (408) 808-1802
Fax: (408) 998-0542