



Parent Support Consultative Services Information Form

Please list the names and relationship of all adults living in your household.

Names:	Relationship:

Please list names and ages of all children living in your household.

Names:	Ages:

Please list address and contact number where services will be provided.

Home Address:			
City:	State:	Zip:	
Home Number:			
Cell Number:			

Please answer the following questions:

- How many years have you been married? _____
- Is this a first marriage? _____ If not, please explain: _____

- Are there any step children in the marriage? _____ Or, adopted children? _____
If yes, please explain: _____
- What is your parenting style? _____

- Briefly indicate the presenting problems or concerns: _____

- What outcome are you hoping will occur for your family as a result of receiving Parent Support Consultative Services? _____

"Where Positives Choices Lead to Success"

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