



COMUNIDADES LATINAS  
UNIDAS EN SERVICIO

Date of Referral:
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## Child-Parent Psychotherapy Referral Form

Child-Parent Psychotherapy (CPP) is intended to work with children birth-age 5 and their caregivers when one or more family member has been impacted by traumatic experiences such as domestic violence, medical trauma, or childhood abuse, or chronic stressors such as exposure to parental mental health and/or substance abuse difficulties. These services are designed to help the child heal from trauma, develop or regain a sense of safety, and deepen their positive, secure attachment relationships. This process supports the emotional, cognitive, physical, and relational healing and growth of both the child and their caregiver(s).

**This therapy model works with the child and at least one caregiver together.** Referrals should not be submitted until the caregiver(s) understand they will participate in each session, and they agree to this commitment.

Child's Name:	Date of Birth:
Caregiver's Name:	Relationship to child:
Address:	
Phone number:	
Additional Caregiver's Name:	Relationship to child:
Phone number:	
Legal Guardian (if not caregiver above):	
Phone number:	

Referral Source:	Relationship to Client:
Agency/Clinic/Organization:	
Address:	
Phone number:	Fax Number:



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Child's Insurance Company:
Primary Policy Holder:
Group Number:
Policy/ ID Number:

**Reason for referral.** Briefly identify the traumatic exposures and stressors that the child and/or their caregiver has experienced. (Additional details will be collected during the intake process.) Also describe how these experiences seem to be impacting the child's emotional, social, behavioral, or physical development; and their relationships with others:

What services and supports are already in place, including provider contact information? This could include mental health services, educational services, community social workers, primary healthcare, involved extended family members, etc.

Additional information to support this referral (family's cultural perspectives, engagement tips, etc.):

Please send referral form and release of information to  
[mhintake@clues.org](mailto:mhintake@clues.org)