

Parent Empowerment Program (PEP) Registration Form

Identifying Information – Parent/Primary Caregiver	
Full Name:	DOB: Age:
Relationship to child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Language:	
Address:	Apt #:
City:	Zip Code:
Cell Phone:	Home Phone:
E-mail Address:	
Child's Information	
Full Name:	DOB: Age:
Who is your child living with? (ex: mother, father, relative's home, group home, etc.)	
Caregiver's name (if applicable):	
Relationship to child (ex: grandma, aunt, family friend, group home staff, etc):	

Children's Social Worker/Deputy Probation Officer Information			
CSW Name:	Phone Number:		
DPO Name:	Phone Number:		
Current Services:			
Mark an "X" next to the type of services you are currently receiving:			
Family Maintenance Services	Individual Therapy	Domestic Violence	
Family Reunification Services	Family Therapy	Parenting	
Child receiving Permanent Placement Services	Other Mental Health services	Housing	
DREAM Court or STAR Court	Substance Abuse	CSEC Advocacy Services for child	
List other services being received:			
List services you and your family needs:			
Other Information			
Will you need a transportation stipend to attend the PEP meetings?			
Which days and times work best for you to participate in the Parent Empowerment Program? (Note: We will choose the date/time that works best for the majority of registrants).			

Please submit Registration Forms to:
 Adela Estrada, CSA III, CSEC Program Manager, via e-mail at
estraa@dcfs.lacounty.gov
 Questions? Call 213-660-6912
CLASSES BEGIN WEDNESDAY, OCTOBER 17, 2018 at 6:30 p.m.