



## *Parenting Group*

*Learn ways to manage....*

*\*Tantrums \*aggressive behaviors \*give proper commands \*setting house rules \*behaviors in public places\* appropriate discipline tools, and most of all parent empowerment. Group material will model the (PCIT) Parent Child Interactive Therapy.*

*All Medicaid clients' fees will be billed to their MCO Company*

*When: August 7, 14, 21, 28, September 11, and 18.*

*Where: Pennyroyal Mental Health Center*

*Time: 5:00 – 6:00 p.m.*

*Place: Pennyroyal Conference Room*

This is a six week program. Group members will meet every Monday until completion. Parenting Certificate will be given upon completion.

*Given by: Elaine Jordan, LPCA  
Clinical Mental Health Counselor  
Pennyroyal Center  
735 North Drive  
Hopkinsville, KY 42240*



**Pennyroyal Center's Parenting Group  
Referral Form**

Please fax completed form to 270-886-5178  
Attn: Elaine Jordan or Email [ejordan@pennyroyalcenter.org](mailto:ejordan@pennyroyalcenter.org)

**Referring Agency**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ or Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

**Client information**

Client's ID #: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Working Phone Number#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Medicaid ID#: \_\_\_\_\_

MCO Company \_\_\_\_\_

Date of Birth \_\_\_\_\_

Diagnostic information \_\_\_\_\_

Official Use only	Date Received _____	Date Approved _____	Rejected Date _____
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Pennyroyal center  
Parenting Group instructions

This form is a referral form for the Parenting Group. The completed referral form will be utilized during the screening and admission process. Original copy will be sent to medical records to be scanned and placed in the (EMR) electronic medical records.

1. Agency name or person making the referral.
2. Telephone number of referring agency and fax number.
3. Mailing address of referring agency, city, county and zip code.
4. List client's ID number
5. List client's name
6. List client's address
7. List client's city county and zip code.
8. List social security number.
9. List working phone number and/or cell number.
10. List Medicaid ID number.
11. List MCO Company.
12. List date of birth
13. List diagnostic information.
14. PMHC staff will review application and will analyze reason as to whether client was rejected from the parenting group.