



Parents as Teachers™ Referral Form

Please email completed form to Liat Weingarten at Liat.weingarten@newhanoverkids.org, or fax to (910)815-3733



Participant Information

Parent/Caregiver Name: _____ Parent's Date of Birth: _____

Gender: M/F Race/Ethnicity: _____ Language in Home: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Name: _____ Child's Date of Birth: _____

Home/Mailing Address: _____ Parent informed of program and aware of PAT contact _____

Home/Cell Phone: _____

Among other factors, any family meeting income eligibility (at or below 200% of poverty level) may be eligible for services. (Select all that apply)

- Medicaid
- WIC
- Food Stamps
- TANF
- Other – specify: _____

How do you see the family benefiting from Parents as Teachers services?

Referral Agency

Date: ___/___/___

Person Making Referral: _____ Agency: _____

Email: _____ Phone Number: _____

Signature of Person Making Referral: _____

For Smart Start Parents as Teachers Staff Only

Contact was made on: ___/___/___

Additional Comments: _____
