

Parents as Teachers Referral Form



Please email completed form to melanie.nelson@newhanoverkids.org or fax to (910)815-3733.

The program is for caregivers with children between prenatal and kindergarten entry among other eligibility criteria. It is a home-visiting program which strengthen parenting skills by parent-child activities, developmental topics and supporting family wellbeing. It consist in monthly visits, monthly group connections, community resources and developmental/ parenting screening and assessments.

REFERRAL AGENCY			
Referral Agency:			
Referral Contact Name:			
Referral Phone Number:			
Referral Email Agency:			
Family Background Info (Strengths/Concerns)			
How do you see this family benefiting from Parents as Teachers services?			
Signature of Person Making Referral:			Date of Referral:
PARTICIPANT INFORMATION			
Parent/Caregiver Name:			Date of Birth:
Relationship to the child(ren):			
Home/Mailing Address:			
Home/Cell Phone:		Alternate Home/Cell Phone:	
Child's Name:			Date of Birth:
Child's Name:			Date of Birth:
Language(s) in Home: <i>Circle preferred language</i>			
Email:			
<input type="checkbox"/> The parent has been informed about the Parents as Teachers Program and gives their permission to be contacted by a "Parents as Teachers" Parent Educator.			
FOR SMART START PARENTS AS TEACHERS STAFF ONLY			
Date	Type of Contact	Staff Name	Outcome
	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Home Visit		
	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Home Visit		
	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Home Visit		
	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Home Visit		
Additional Comments:			