



PARENTS AS TEACHERS REFERRAL

REFERRAL INFORMATION

Mother's Name:	Mothers DOB:
Is Mother Pregnant?:	If pregnant Due Date:
Father's Name:	Fathers DOB:

Names and DOB of all children living in the home:

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Address: _____ City _____ Zip Code _____

Phone: _____ Email: _____

Language spoken in home:

WHO IS MAKING THE REFERRAL

Name of person/Hospital/Office making referral:

Phone Number: _____ *Is the family aware you referred them?*

CONCERNS/REASON FOR REFERRAL:

Thank you for the referral, we will contact you with the outcome

CONTACT INFORMATION

Services are provided by Central Utah Health Department
 For questions contact Kris Winkel at 435-835-2231, ext 606
 Fax referral to 435-835-2233 or email kwinkel@centralutahhealth.org



Parents as Teachers QUALIFYING INFORMATION

*Priority goes to **FIRST TIME** mothers, then **PREGNANT** mothers in their third trimester and then families with children under the age of 5.*

Families must be prenatal or have one or more children under the age of 5 **AND** live in Sanpete, Sevier, Piute or Wayne Counties and qualify for low income. **Priority given to those who live at or below 100% of poverty level.** Being on one or more of the following programs will satisfy the low income requirement: Circle all that apply:
SNAP 130% of poverty **Medicaid** 138% poverty **WIC** 185% of poverty

Other Family Income Sources: Circle all that apply:
Child support Energy Assistance Housing Assistance Salary/Wages
SS/Disability Employment Other

HIGH RISK Families will receive 2 visits a month
2 or more stressors one being low income will receive 2 home visits a month. Circle all that apply

Teen parent or parent under age of 21	Homeless in the last year or unstable housing (moved twice in the last year)
Child with disabilities or a chronic health condition	Parent of child incarcerated during child's lifetime
Parent(s) has no HS diploma or GED, or not currently enrolled	Very low birth weight; under 1500g or 3.5 lbs.
Low income (priority given to those at or below 100% of poverty level. Must be at or below 300% of poverty level to qualify for any of the counties.	Death in immediate family in the lifetime of the child
Recent immigrant or refugee family: one or more parents are foreign born or entered the country within the last five years.	Parent of child is involved in or has a history of intimate partner violence
Substance use/abuse or history of	Child abuse or neglect; Past or present cases open with DCFS
Tobacco (cig,E-cig) use by anyone in the home	Parent is active in the military or has been in the last two years, or is within two years of returning home
Child has a court-appointed legal guardian or is in Foster Care	Parent with Mental Health condition

Other Qualifying Criteria if none of the above apply: Parent formerly served in the U.S. Armed Forces, Single parent, ESL or limited English, Child(ren) with low student achievement, Multiple children under 5 years of age, Adoptive parent, Relative as primary caregiver, Serious behavior concerns, First-time parents over 21 years, Parent involved with the correction system