

Parent/Guardian's Name		Language	Parent/Guardian Birthdate
Child's Name (please list only children under age 3)			Child's Birthdate/Due Date
Child's Name (please list only children under age 3)			Child's Birthdate/Due Date
Address	City	Zip	Phone Number ( )
Referring Party's Name/Organization			Referring Party's Phone Number ( )

**\*Parents as Teachers is a voluntary program. Parents should be aware of this referral. SCPHD will contact the family within three days of the referral.**

**Reason for Referral (Please Check All That Apply):**

<input checked="" type="checkbox"/>	<b>High-need characteristics:</b>
<input type="checkbox"/>	Teen Parent ( <i>under the age of 21</i> )
<input type="checkbox"/>	Child with disabilities or chronic health condition
<input type="checkbox"/>	Parent with disabilities or chronic health condition
<input type="checkbox"/>	Parent with mental illness
<input type="checkbox"/>	Low academic achievement ( <i>&lt; high school</i> )
<input type="checkbox"/>	Low income ( <i>qualifies for food stamps, Medicaid, or other assistance programs</i> )
<input type="checkbox"/>	Recent immigrant or refugee ( <i>within 5 years</i> )
<input type="checkbox"/>	Substance abuse ( <i>parent has used or is currently using</i> )
<input type="checkbox"/>	Court-appointed legal guardian/foster care
<input type="checkbox"/>	Homeless or unstable housing
<input type="checkbox"/>	Birth weight below 1500 grams (3.3 lbs)
<input type="checkbox"/>	Incarcerated parents ( <i>within the last year</i> )
<input type="checkbox"/>	Death in the immediate family ( <i>within the lifetime of child and/or pregnancy</i> )

<input type="checkbox"/>	Recent history or current exposure to intimate partner violence
<input type="checkbox"/>	Child abuse/neglect ( <i>suspected or substantiated</i> )
<input type="checkbox"/>	Military family ( <i>within 2 years of deployment or current active duty</i> )
<input checked="" type="checkbox"/>	<b>Other characteristics:</b>
<input type="checkbox"/>	Formerly served in the military
<input type="checkbox"/>	Single parent
<input type="checkbox"/>	Child(ren) with low student achievement
<input type="checkbox"/>	Adoptive parent
<input type="checkbox"/>	Relative as primary caregiver
<input type="checkbox"/>	Serious behavior concerns
<input type="checkbox"/>	First-time parents
<input type="checkbox"/>	Involved with correctional system
<input checked="" type="checkbox"/>	<b>Other risk factors (write in as needed):</b>
<input type="checkbox"/>	

**Provide additional comments as needed (may attach additional pages):**

**To refer to the Parents as Teachers Program:**

1. **Fax** your referral to SCPHD at **(208) 736-3009**, attention "Parents as Teachers."
2. Attach a Release of Information sheet to this form, if available.
3. If you would like to speak to a Parents as Teachers Representative please call 208-737-5966