

Parents As Teachers REFERRAL FORM 2021

Date of Referral _____

Referred by: _____ Agency/Clinic: _____ Contact # _____

Parent(s) First name: _____ Last: _____ DOB: _____ Age: _____

First name: _____ Last: _____ DOB: _____ Age: _____

Best way to contact: Call: _____ Text: _____ Email: _____ Drop by: _____

Cell Phone # _____ Additional contact # _____

Email address: _____ Current Address: _____ City _____

How long does client expected to live in County? _____

Does client understand program and its requirements? Yes ___ No ___

Is client pregnant? Yes ___ No ___ EDD _____ Physician _____

Is Family on TANF? Yes ___ No ___

Child's First Name: _____ Last: _____ DOB: _____

Child's First Name: _____ Last: _____ DOB: _____

Child's First Name: _____ Last: _____ DOB: _____

Eligibility matrix

Must Be High Risk (2 or more of the following factors)		___ Military Family
___ Teen Parent (<21 years)	___ Adult w/ Disabilities	___ Death in Family – death of parent, sibling, child
___ Low Income	___ Child w/ Disabilities	___ Foster care/court appointed legal guardian
___ Homeless/Trans Housing	___ Mental Health – diagnosed	___ Parent Foreign Born – entered country in the last 5 yrs
___ Low Birthweight (<3.3 lbs)	___ Substance abuse	___ Involved w/ Correctional System w/in past year
___ Suspected abuse/neglect	___ Domestic Violence	___ Low Education – no GED/Diploma & not currently enrolled

Priority Given to:
___ Prenatal Moms
___ Native American
___ Teens (<21 years)
___ Spanish Speaking
___ Referrals from CPS

For Staff Use Only:

Referred To _____	Date _____								
Contact Attempts									
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Type	Date	Type	Date						
_____	_____	_____	_____						
Check One:									
Opened <input type="checkbox"/> No Response <input type="checkbox"/> Declined Services <input type="checkbox"/> Other: _____									

Please Fax to 360.457.3820 or Email to krista_fstep@olypen.com.



First Step is an equal opportunity employer and provider.



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Enrolled in Other First Step Programs

Drop-In

MSS

KPL

Other

Wait List Contact			
Date:	What Was Discussed		
Referrals Made			
Program	Contact Person	Telephone	Referral Made
MSS/ICM	Elisia Fernandez	(360) 457-8355	
Early Head Start	Tammy Lidster	(360) 582-3708	
Elwha EHS	Sarah Long	(360) 452-2587	
New Family Services	Stephanie Steinman	(360) 417-7652	
PCAP	Christina Miko	(360) 457-8355	
Drop-in Sequim		(360) 457-8355	
Drop-in Port Angeles	Deidra Delgado	(360) 457-8355	
WIC	Pam Walker	(360) 417-2275	
Lutheran Com Svs	Lisa Lyons	(360) 452-5437	
Parenting Matters	Nicole Brewer	(360) 681-2250	
Peninsula Behavioral Health		(360) 457-0431	
Supportive Parenting	Dorothy Frascati	(360) 457-8355	
Perinatal Support Group	Elisia Fernandez	(360) 477-8540	
Kaleidoscope Play & Learn	Krista Hanan	(360) 457-8355	
Birth to Three		(360) 452-2396	

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