



Referral to Parents as Teachers

Agency Making Referral	Project Enlightenment use only
Name of Agency _____ Contact Person _____ Address/Phone _____ Date of Referral _____ Type of service _____ Family is receiving _____ Child received developmental evaluation at CDSA? Y N If yes, child eligible for EI services? Y N If eligible, does child have an IFSP in place? Y N	Contact person notified re waiting list Y N PE assigned to family _____ Date referral assigned _____ Date parent enrolled _____ Date parent declined _____ <i>(see below for attempts)</i>

Family Information:

Name of Child _____	Date of Birth _____
Name of Parent /Parents _____	or Legally Appointed Representative _____
Address: _____	Phone Number _____
_____	Phone Number _____
_____	Parent educator needed: English Spanish
Ages of other children in home: _____	
Although PAT is designed for all families, the majority of our families must be low income.	
<ul style="list-style-type: none"> Family is eligible for financial assistance from: child care subsidy, free or reduced school lunch, food stamps, Medicaid, school lunch, WIC, Work First, NC Health Choice. Yes ___ No ___ 	
<ul style="list-style-type: none"> Family does not receive above assistance, but would be considered low income. Yes ___ No ___ 	

Reason for Referral:

For Project Enlightenment use:

Phone contact attempts: _____

Home visit attempts: _____

Letter mailed: _____