



PARENTS AS TEACHERS REFERRAL
 Phone: (435) 896-5451, Ext. 316 Fax: (435) 896-4353

Rev: 02/2020



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"/>	High-need characteristics:
<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>< 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 (within the last y ear)
<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 (within 2 years of deployment or current active duty)
<input checked="" type="checkbox"/>	Other characteristics:
<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"/>	Other risk factors (write in as needed):
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<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 CUPHD at (435) 896-4353 , attention "Allie @ Parent s as Teachers. "
2. Attach a Release of Information sheet to this form , if available .
3. If you would like to speak to the Parents as Teachers Supervisor, Allie, please call 435-896-5451, Ext. 316