



# Program Referral Form

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic or Latino:  Yes  No

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### Children's Names - Child must be 5 years or younger to enrol

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hispanic or Latino:  Yes  No Race: \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hispanic or Latino:  Yes  No Race: \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hispanic or Latino:  Yes  No Race: \_\_\_\_\_

List all programs that the parent(s) & children are currently enrolled in: \_\_\_\_\_

### Qualifying factors - check all that apply:

- Low income:** Family income of 250% FPL includes families eligible for free and reduced lunches, public housing, child care subsidy, WIC, food stamps, Head Start, TANF and/or TennCare/Medicaid.
- Teen Parent** (under the age of 21 during program year).
- Child abuse or neglect:** Current or history of suspected or substantiated abuse/neglect of child or sibling(s).
- Court-appointed legal guardians and/or foster care:** Child has court appointed guardians or is in foster care.
- Substance abuse:** Parent has used or is currently using substances or needs substance abuse treatment.
- Tobacco Products:** Are users of tobacco products in the home.
- Low educational attainment:** Have children with low student achievement.
- Child with developmental delays, disabilities or chronic health conditions:** NAS diagnosis etc.
- Military family:** Parent/guardian who is serving or has served in the Armed Forces.
- None of the above**

### Non-qualifying factors - check all that apply:

- Parent with disabilities** or chronic health conditions: Substantially limits one or more life activities.
- Parent with mental illness:** Parent has been diagnosed with a thought, mood, or behavior disorder.
- Recent immigrant or refugee family:** One or both parents are foreign born and entered the country within the past 5 years.
- Low educational attainment:** Parent did not complete high school or GED.
- Homeless or unstable housing:** Lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing.
- Incarcerated parent(s):** Parent(s) is incarcerated in federal or state prison or local jail or was released within the past year.
- Death in the immediate family:** The death of a child, parent or sibling.
- Intimate partner violence:** Parent is involved in intimate partner violence.
- Very low birth weight:** Birth weight is under 1500 grams or 3.5 pounds. Child is currently under 18 months.

Receiving in-home services from: \_\_\_\_\_

Person Referring: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Are Parents aware of Referral?  Yes

Reason for Referral: \_\_\_\_\_  No