

Parents as Teachers Application

Date _____

(The information below will be kept confidential and will only be shared according to maintenance of our records and for funding purposes.)

Name of parents _____

Children in family, please give name, DOB, and sex of each:

Address _____

Length of time living at this address: _____

Directions _____

Home telephone _____ Work telephone _____

Family Information

Please circle your family's income bracket, including child support and alimony payments:

UNDER \$10,000 \$10,000-15,000 \$15,000-19,000 \$20,000-34,000 \$35,000-44,000 OVER \$45,000

Circle your level of education: some high school, high school diploma, GED, advanced training, college degree, advanced degree.

Primary language of family _____ If not English, does anyone in the family speak English? _____

Parent(s) place(s) of employment and length of time employed at current job(s)?

Is your child(ren) in child care or at home with you or other family member? _____

If you have a child in school, what school does he/she attend? _____

Do you receive any of these services? If yes, please check ones that apply.

Medicaid Health Choice Food stamps
WIC Housing assistance Child care subsidy

Other (describe) _____

Has your child(ren) been identified as mentally or physically chronically ill or medically fragile? If yes, please describe _____

Does your child have diagnosed special needs? If yes, please describe _____

Who helps you parent (child's father, grandparents, etc.), and do they live with you? _____

Are there certain areas you wish to improve or gain more knowledge in relation to your parenting skills? _____

Are there any specific problems you have in parenting? _____
