



Entered in visit tracker \_\_\_\_\_

Parents as Teachers  
Referral Form

Referral Date: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Family Income:  less than \$10,000  \$10,000 - \$15,000  \$15,000 - \$25,000  
 \$25,000 - \$40,000  \$40,000 - \$75,000  \$75,000 - \$100,000  \$100,000+

Referral Source: \_\_\_\_\_

Referral Telephone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

**To be filled out by Parent Educator:**

Date of Intake Visit: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

Elementary school child is zoned for? \_\_\_\_\_

Is child currently seen by a WCCA/or other home visitor? YES or NO

May we check your Early Head Start status with WCCA? (Initial here for yes) \_\_\_\_\_

If yes, who? \_\_\_\_\_

Intake PE: \_\_\_\_\_

PE Assigned: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Date PE Assigned: \_\_\_\_\_

Risk Factor Score: \_\_\_\_\_

**Please return form to:** Summer Stipe  
Children & Family Resource Center  
Phone: 828.698.0674  
Fax: 828.698.5532  
Email: [summers@childrenandfamily.org](mailto:summers@childrenandfamily.org)