

Referral/Request for Healthier Beginnings/PAFT Service

HB/PAFT
Chattanooga-Hamilton County Health Department
921 East Third Street, Chattanooga TN 37403

Telephone: 423-209-8298 or 423-209-8080
FAX: 423-209-8178/margueritec@hamiltontn.gov
Date Referred: _____

Parent/Guardian Name: _____ DOB: _____ SS#: _____

Address: _____ Zip: _____

Telephone: _____ Cell: _____ Emerg. Contact #: _____

Children/Prenatal	Date of Birth/Due Date	Child's SS #

Family Characteristics: Check all appropriate for this family (must have at least one of these characteristics).

#	✓	Characteristic	#	✓	Characteristic
1.		Low income family	7.		Child has developmental delays or disabilities
2.		Pregnant woman or new mother/under age 21	8.		Parent/caregiver with no high school diploma or GED
3.		Mentally challenged caregiver or family member	9.		Physically challenged caregiver or family member
4.		Parent/caregiver history of/ current/suspected interaction with DHS	10.		Failure to thrive, prematurity or low birth weight
5.		Parent/caregiver history of or suspected current substance abuse	11.		Family members are or have served in the armed forces with multiple deployments outside the U.S.
6.		Caregiver diagnosed with a mental illness			

Additional Information/Concerns: _____

Referral/Request Source-Agency/Organization or Self: _____

Agency/Organization Representative: _____ Telephone: _____

Representative's e-mail: _____ Agency Fax #: _____

FOR PAFT'S USE

DATE REFERRAL RECEIVED: _____

Action Taken	Name/Date
Assigned to Parent Educator:	