

Referral/Request for Parents as Teachers, Hamilton County

EBHV (Home Visiting) service for families prenatal to child's kindergarten entry



Hamilton County Health Department
921 East Third Street, Chattanooga, TN 37403

Telephone: 423-209-8298 / **FAX:** 423-209-8178
Email: jaimed@hamiltontn.gov

Date Referred:

Parent/Guardian Name:

DOB:

SS#:

Address:

Phone:

Cell:

Emergency 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).

#	v	Characteristic	#	v	Characteristic
1.		Low Income Family	5.		Child has developmental delays or disabilities
2.		Pregnant woman or new mother/under age 21	6.		Have children with low student achievement
3.		Are users of tobacco products in the home	7.		Parent/caregiver history of or suspected current substance abuse
4.		Parent/caregiver history of/ current/suspected child abuse or neglect, or have had interaction with child welfare services	8.		Family members are or have served in the armed forces with multiple deployments outside the U.S.

Additional Information/Concerns: _____

Referral/Request Source

Agency/Organization or Self:

Representative:

Representative's e-mail:

Telephone:

Agency Fax #:

FOR PAT USE ONLY

Date referral received by PAT:	NOTES
Date assigned to Parent Educator:	1 st Contact:
Parent Educator assigned:	2 nd Contact:
<input type="checkbox"/> Enrolled	3 rd Contact:
<input type="checkbox"/> Wait List	Notes:
<input type="checkbox"/> Closed – Reason:	