

## 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](mailto: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).**

#	✓	Characteristic	#	✓	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 <sup>st</sup> Contact:
Parent Educator assigned:	2 <sup>nd</sup> Contact:
<input type="checkbox"/> Enrolled	3 <sup>rd</sup> Contact:
<input type="checkbox"/> Wait List	Notes:
<input type="checkbox"/> Closed – Reason:	