



**Maternal,  
Infant & Early  
Childhood  
Home Visiting**

## MIECHV-Parents as Teachers Referral Form

### Participant Information

Parent/Caregiver Name: \_\_\_\_\_ Parent's Date of Birth: \_\_\_\_\_

Gender: M / F      Race: \_\_\_\_\_      Language in Home: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

I am interested in finding out more about the MIECHV Program: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

### High Needs (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Low income   | <input type="checkbox"/> Parent with mental illness                    |
| <input type="checkbox"/> Teen parent  | <input type="checkbox"/> Recent immigration or refugee family          |
| <input type="checkbox"/> Low educational attainment   | <input type="checkbox"/> Court appointed legal guardian or foster care |
| <input type="checkbox"/> Child abuse or neglect   | <input type="checkbox"/> Homeless or unstable housing                  |
| <input type="checkbox"/> Substance abuse  | <input type="checkbox"/> Incarcerated parents                          |
| <input type="checkbox"/> Tobacco use in the home  | <input type="checkbox"/> Very low birth weight (<3.3 lbs)              |
| <input type="checkbox"/> Children or parent with Developmental Delays,<br>Disabilities or Chronic Health Issues | <input type="checkbox"/> Death in immediate family                     |
| <input type="checkbox"/> Military family  | <input type="checkbox"/> Domestic violence                             |

### Referral Agency

Person Making Referral: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Making Referral: \_\_\_\_\_

### MIECHV- Parents as Teachers Program Response to Referral Agency

Enrolled in MIECHV-NCF (Bradford, Putnam, Columbia, Hamilton): YES / NO

Enrolled in MIECHV-Alachua: YES / NO

Parent Educator's Name: \_\_\_\_\_

