

PREGNANCY TO PRESCHOOL PARTNERSHIP REFERRAL FORM

| | | | |
|---------------------------|--|--|---|
| Parent Information | First Name: _____ Middle Initial: _____ Last Name: _____ | | |
| | Street Address: _____ | | City: _____ Zip: _____ |
| | Preferred Language: _____ | | Date of Birth: _____ Gender: F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> |
| | Home Phone: _____ | | Alternate Phone: _____ Is it OK to leave a message? Y <input type="checkbox"/> N <input type="checkbox"/> |

| | | | |
|---------------------------|---|--|---|
| Family Information | 1st Time Parent: Y <input type="checkbox"/> N <input type="checkbox"/> Pregnant: Y <input type="checkbox"/> N <input type="checkbox"/> Due Date: _____ Prenatal Care: Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| | Child First Name: _____ | | Last Name: _____ DOB: _____ |
| | Gender: F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> | | Family Emergency Contact and Phone: _____ |
| | Child has an IEP or IFSP: Y <input type="checkbox"/> N <input type="checkbox"/> | | Are there other children age 0-5 in the home? Y <input type="checkbox"/> N <input type="checkbox"/> |

SELECT ONLY ONE

| | | Fax Number | For Office Use Only - Sent date & Initials |
|--|--|---------------------|--|
| Programs Available *SELECT ONE* | <input type="checkbox"/> Healthy Families Tehama, Tehama County Public Health | <u>530-527-0362</u> | |
| | <input type="checkbox"/> School Readiness, Tehama County Department of Education | <u>530-529-4120</u> | |
| | <input type="checkbox"/> Early Head Start/ Head Start, Northern CA Child Development, Inc. | <u>530-528-7813</u> | |
| | <input type="checkbox"/> Healthy Beginnings, Tehama County Public Health | <u>530-527-0362</u> | |
| | <input type="checkbox"/> State Preschool, Tehama County Department of Education | <u>530-529-4120</u> | |

I authorize the organization listed below to give the information included on this referral form to the listed partner agencies/programs of the Pregnancy to Preschool Partnership in order to contact me regarding free local services. I give my permission for the Pregnancy to Preschool Partnership to share my information, as needed and within confidential guidelines, to find my family and child(ren) the best program fit possible. While I am waiting for services to begin, I understand I might be contacted and served by any of the programs in the Pregnancy to Preschool Partnership.

Client Signature: _____ Date: _____

Client was verbally advised of referral: Y N

| | | |
|------------------------|---|---------------------------------|
| Referral Source | CW HVI <input type="checkbox"/> | |
| | Organization: _____ | Unit/Dept. _____ |
| | Referred By (Staff Name): _____ | Phone: _____ |
| | Email: _____ | Fax: _____ Referral Date: _____ |
| | Additional Information: Please add any information that would help the receiving program work with this family. _____ _____ | |



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Program Descriptions and Where to Send Referral

- ✓ Please send referral to one program only.
- ✓ The Pregnancy to Preschool Partners will coordinate the best program fit for the family.

Healthy Families Tehama offers you a personal support coach to help you be the best parent(s) you can be. Services are offered to pregnant women and families with children ages 0-3 and include family-centered emotional support, referrals to other services, assistance with navigating access to services in the community, and education and career goal setting. Services are offered in your home or place of your choice. There are no costs or income requirements for the services.

Please Fax referral to 530-527-0362 or Mail to P.O. Box 400 Red Bluff, Ca 96080

The School Readiness program provides parent education and support to pregnant women and families with children ages 0-5 at no cost and with no income requirements. The services offered include one-on-one parent education using the Parents as Teachers home visitation curriculum, weekly playgroups, developmental screenings, and access to community resources and services.

Please email referral to mwilson@tehamaschools.org or Fax to 530-529-4120 Attn: School Readiness

Healthy Beginnings is a Public Health Nursing program that provides education, referrals, and case management. This program is available to pregnant women and families with children ages 0-5.

Please Fax referral to 530-527-0362 or Mail to P.O. Box 400 Red Bluff, Ca 96080

Northern California Child Development, Inc. (Early Head Start/Head Start) programs promote the school readiness of children ages birth to 5 from low-income families. Services are provided to children and families in core areas of early learning, health, and family well-being, while engaging parents as partners every step of the way. Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs for infants, toddlers, and pregnant women.

Please Fax referral to (530) 530-528-7813 Attn: ERSEA

The State Preschool Program has 7 sites which offer creative, hands-on learning for kids including math, literacy, science, art, and discovery centers. Free to income-qualified families, with part-day and full-day schedules available for children ages 3-5. Private pay spots available with part-day and full-day schedules available. We have experienced staff in a safe and nurturing environment with nutritional meals served.

Please email referral to cstroing1@tehamaschools.org or Fax to 530-529-4120 Attn: State Preschool

