

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"/>
	Email Address: _____ Preferred Contact: Call <input type="checkbox"/> Text <input type="checkbox"/> Email <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"/>

Programs		For Office Use Only:		For P2P Members:
		Fax Number	Date & Initials	✓ if sent via Portal
<input type="checkbox"/>	Healthy Families Tehama , Tehama County Public Health	530-527-0362		<input type="checkbox"/>
<input type="checkbox"/>	Help Me Grow/Parents as Teachers HV , Tehama County Dept. of Education	530-529-4120		<input type="checkbox"/>
<input type="checkbox"/>	Early Head Start/Head Start , Northern CA Child Development, Inc.	530-528-7813		<input type="checkbox"/>
<input type="checkbox"/>	State Preschool , Tehama County Dept. of Education	530-529-4120		<input type="checkbox"/>
<input type="checkbox"/>	Family Child Care Home Education Network , Tehama County Dept. of Edu.	530-529-4120		<input type="checkbox"/>
<input type="checkbox"/>	Special Education Local Plan Area , Tehama County Dept. of Education	530-529-4120		<input type="checkbox"/>
<input type="checkbox"/>	Family and Community Engagement Services , Shasta County Office of Ed.	530-225-2970		<input type="checkbox"/>

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.

Parent/Guardian Signature: _____ Date: _____

Referral Source	<input type="checkbox"/> Family Self-Referral	CW HVP <input type="checkbox"/>	Client was verbally advised of referral: Y <input type="checkbox"/> N <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.			



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Program Descriptions and Contact Information

The Pregnancy to Preschool Partners will coordinate the best program fit for the family.

Healthy Families Tehama enrolls families prenatally through 3 months of age and offers services until the child is 3-5 years old. Enrolled families receive a personal support coach to help you be the best parent(s) you can be, including family-centered emotional support, referrals and assistance navigating access to other 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 form to 530-527-0362 or mail to P.O. Box 400 Red Bluff, CA 96080

For questions, please call 530-527-6824 x 3619 or email Laura.Burlison@tchsa.net or Michelle.Schmidt@tchsa.net

Help Me Grow provides parent education and support to pregnant women and families with children ages 0-5 at no cost and with no income requirements. Services 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: Help Me Grow

For questions, please call 530-528-7398 or call 2-1-1 and ask for "Help Me Grow Tehama"

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

Please fax referral to 530-528-7813 Attn: ERSEA

For questions, please call 530-529-1500

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

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

For questions, please call 530-528-7324 or use the QR code to start the application.



Family Child Care Home Education Network (FCCHEN) is a group of licensed providers that provide an educational program that is developmentally, linguistically and culturally appropriate for children 0-13. This program provides subsidized child care for eligible families who live or work in Tehama County.

Please email referral to csides@tehamaschools.org or fax to 530-529-4120 Attn: FCCHEN

For questions, contact Holly Rhoads at 530-528-7331 or email hrhoads@tehamaschools.org

Tehama County Special Education Local Plan Area (SELPA) and Department of Education are the hub for parent/caregiver/preschool referrals and/or Part B to C transitions. Tehama County Department of Education is the provider for preschool special education assessment for the majority of special education related services.

Please fax referral to 530-529-4120 Attn: SELPA

For questions, please call 530-527-8581 or email lsantana@tehamaschools.org

The Shasta County Office of Education **Family and Community Engagement Services (FACES)** provides cross-county support when a family is moving into Shasta County. Shasta County Office of Education operates family and child support services including resource and referrals and Help Me Grow Shasta County.

Please fax referral to 530-225-2970

For questions, please call 530-225-0200 or email jherzog@shastacoe.org
