

## Huron County Parenting Education Referral Form

Early Head Start ❖ Family Mentor ❖ Parents As Teachers

Referring Agency		Contact Person		
Agency Address		Phone Number		
Date of Referral		Client aware of referral?		
Parent(s)/Guardian(s) Name		Parent(s)/Guardian(s) Date of Birth		
Street Address		City	Zip	
Phone	Alternate Phone		Is parent pregnant? Due Date	
Children in Home (List additional names on the back)		Date of Birth	Age	
Does the client receive any of these services? Check appropriate box(es).				
Cash Assistance	Day Care Assistance	SSI/SSD	Early On	WIC
Food Stamps	Medicaid	Are they homeless?	Are children in Foster Care?	Current of past involvement with CPS?
Special concerns? (Domestic Violence, Medical Problems, Learning Disabled, Non-English Speaking, etc.)				
Primary reason for referral?				
To assist with determining the most appropriate service, please check all areas of concern.				
<input type="checkbox"/> Child Development <input type="checkbox"/> Age Appropriate Activities for Kids <input type="checkbox"/> Positive Discipline <input type="checkbox"/> Enhancing Parenting Skills		<input type="checkbox"/> Skills Development for School Readiness <input type="checkbox"/> Parent Child Interaction <input type="checkbox"/> Parenting Teens and Adolescents		

I am aware of this referral and I give permission to release my information to the agencies listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Person's Signature

\_\_\_\_\_  
Date

Referrals will be evaluated on a bi-weekly basis. You can expect contact to be made within two weeks.

Send all referrals to the Great Start Collaborative, Attention: Rebecca Gettel @ 1229 Thomas Road, Bad Axe, MI 48413  
 Phone: 989-269-3485 Fax: 989-269-9218 Email: [rebeccal@hisd.k12.mi.us](mailto:rebeccal@hisd.k12.mi.us)