



HURON COUNTY HOME VISITING PARENTING SERVICES REFERRAL

EARLY HEAD START PARENTS AS TEACHERS MATERNAL/INFANT HEALTH PROGRAM

Send completed form to:

Great Start Collaborative at 1299 S. Thomas Rd. Bad Axe 48413 or fax to 989-269-9218

For a free, child development assessment, call Early On/Build Up at 989-269-9274

Please include as much detail as possible in order to assign to the most appropriate service.

Referring Agency	Contact Person	Date of Referral
Agency Address	Phone Number	Client aware of referral?

Parent(s)/Guardian(s) Name	Parent(s)/Guardian(s) Date of Birth
Street Address	City Zip
Phone	Check preferred method of contact: Text _____ Call _____ Mail _____
	Is parent pregnant? Y _____ N _____ Due Date _____

Children living in the home (List additional names on the back)	Date of Birth

Check all that apply:

Services	Special Concerns	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Food Assistance Program <input type="checkbox"/> SSI/SSD	<input type="checkbox"/> Early On <input type="checkbox"/> WIC <input type="checkbox"/> Huron Behavioral Health <input type="checkbox"/> Other _____	<input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Open Child Protective Services Case <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Medical Problems <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Non-English Speaking <input type="checkbox"/> Other _____

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 <input type="checkbox"/> Other _____
---	---

- I am aware of this referral and I give permission to release my information to the agencies listed above and the referring agency.
- I give permission to be added to a mailing/call list to receive child development, parenting, and family events information.

Parent Signature *Date*
_____ *Contact Person's Signature* *Date*
Huron County Home Visiting Referral Form 07/2020