



# Parents as Teachers Referral Form

Referral Date: \_\_\_\_\_

Fecha de referencia

Referred by: \_\_\_\_\_

Referido por

Yes, I am interested in enrolling in the Parents as Teachers Program

(Sí, me gustaría inscribirme en el programa Parents as Teachers)

Yes, I am interested in receiving more information on the Parents as Teachers Program

(Sí, me gustaría recibir más información sobre el programa Parents as Teachers)

## Eligibility

- Zip codes: 85701, **85704**, **85705**, 85710, 85711, 85712, 85713, 85714, 85716, **85719**, **85741**, **85742**, 85745, 85748, 85730
- Have a child prenatal to 36 months
- And at least one of the following:
  - Low income family (200% or below Federal Poverty Level)
  - Teen parent (19 years of age and under)
  - Caregivers and/or children who have 3 or more Adverse Childhood Experiences:
    - Family challenges SA AA DV BH Separated/divorce Incarceration CA (p v e s n) Previously in DCS

## Family Dynamics include (check all that apply)

La estructura familiar consiste de (marque todo lo que corresponda)

- |   |   |
|---|---|
| <input type="checkbox"/> Parent is a teenager (Padre es de edad adolescente)                                    | <input type="checkbox"/> Grandparents raising grandchildren (abuelos criando nietos)                  |
| <input type="checkbox"/> Eligible for AHCCCS and/or SNAP (Elegibilidad para AHCCCS y/o SNAP)                    | <input type="checkbox"/> No HS diploma (No diploma de escuela secundaria)                             |
| <input type="checkbox"/> Eligible for KidsCare (Elegibilidad para KidsCare)                                     | <input type="checkbox"/> Immigrant/Refugee, 5yrs or less (inmigrante/refugiado 5 años o menos)        |
| <input type="checkbox"/> Unstable housing (vivienda inestable)  | <input type="checkbox"/> Low birth weight (bajo peso al nacer)  |
| <input type="checkbox"/> Military (militar)   | <input type="checkbox"/> Mental health issues, child or parent (Padre con salud mental, hijo o padre) |
| <input type="checkbox"/> Death in the immediate family (muerte en la familia inmediata)                         | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Health/disability issues, child or parent (Salud/discapacidades crónica, hijo o padre) |   |

## Nearest Amphitheater elementary school to your home:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Prince Elementary    | <input type="checkbox"/> Holaway Elementary | <input type="checkbox"/> Mesa Verde Elementary | <input type="checkbox"/> Nash Elementary   |
| <input type="checkbox"/> Rio Vista Elementary | <input type="checkbox"/> Keeling Elementary | <input type="checkbox"/> Donaldson Elementary  | <input type="checkbox"/> Walker Elementary |
| <input type="checkbox"/> Coronado K-8         |   |  |  |

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nombre de la Mamá

Fecha de Nacimiento

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nombre del Papá

Fecha de Nacimiento

Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nombre del Guardian

Fecha de Nacimiento

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Domicilio

Código postal

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

teléfono de casa

teléfono móvil

E-mail: \_\_\_\_\_ Home Language: \_\_\_\_\_

Dirección de correo electrónico

Idioma del hogar

Do you currently participate in an early childhood/preschool/daycare/home visiting program?  Yes/Sí  No

¿Participa actualmente en un programa de la primera infancia, preescolar o visitas al hogar?

If yes, which one? \_\_\_\_\_

¿Si es así, en cuál?

Child or Children's Name(s) – Nombre del niño(s) Birthdate(s)/Due date – Fecha(s) de nacimiento/Fecha programada de parto

	<b>M</b>	<b>F</b>	
	<b>M</b>	<b>F</b>	
	<b>M</b>	<b>F</b>	
	<b>M</b>	<b>F</b>	

Household/ Family Size	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	\$1,041	1,301	1,353	1,384	1,405	1,436	1,561	1,821	1,926	2,082	2,602	3,123	4,163
2	\$1,409	1,761	1,832	1,874	1,902	1,945	2,114	2,466	2,607	2,818	3,523	4,228	5,637
3	\$1,778	2,222	2,311	2,364	2,400	2,453	2,666	3,111	3,288	3,555	4,444	5,333	7,110
4	\$2,146	2,682	2,790	2,854	2,897	2,961	3,219	3,755	3,970	4,292	5,365	6,438	8,583
5	\$2,514	3,143	3,268	3,344	3,394	3,470	3,771	4,400	4,651	5,028	6,285	7,543	10,057
6	\$2,883	3,603	3,747	3,834	3,891	3,978	4,324	5,044	5,333	5,765	7,206	8,648	11,530
7	\$3,251	4,064	4,226	4,324	4,389	4,486	4,876	5,689	6,014	6,502	8,127	9,753	13,003
8	\$3,619	4,524	4,705	4,813	4,886	4,994	5,429	6,334	6,695	7,238	9,048	10,858	14,477
9	\$3,988	4,984	5,184	5,303	5,383	5,503	5,981	6,978	7,377	7,975	9,969	11,963	15,950
10	\$4,356	5,445	5,663	5,793	5,880	6,011	6,534	7,623	8,058	8,712	10,890	13,068	17,423

Add \$368 for each person over 8

I agree my information may be shared for referral purposes only.

Estoy de acuerdo en que se comparta mi información con propósitos de referencia solamente.

\_\_\_\_\_  
Signature/Firma

**Supervisor/Educator Family Contact Notes:**

(i.e. dates of contact, who was spoken to, interesting facts mentioned, useful information for assigned PE, date of 1<sup>st</sup> PV, etc.)