



Home Visiting Referral

First Year Initiative **Parents as Teachers** **Foster Child Health Program**

Source of Referral _____ Date _____

Mother's Name _____ Date of Birth _____

Father's Name _____ Date of Birth _____

Household Size _____ Race _____ Ethnicity _____

Current Placement Names _____

Placement Address _____ City _____ Zip _____

Placement Phone _____ Cell Phone _____

Please check who the referral is for

Pregnant mom Due date? _____ Do you plan to breastfeed? Yes / N

Are you in need of a car seat? YES / NO

↓ List names of children in the household. **Please check the name of child needing referral services.**

Child's full name _____ F__ M__ Date of Birth _____
 Insurance _____ Medicaid Card # _____ CAPS # _____
Child is in: ___Receiving Home ___Foster Home ___Kinship Care ___Placed with Parent(s)/Parent(s) Name _____
Child is: ___Medically at risk ___Socially at risk ___Has Congenital Anomaly Other _____

Child's full name _____ F__ M__ Date of Birth _____
 Insurance _____ Medicaid Card # _____ CAPS # _____
Child is in: ___Receiving Home ___Foster Home ___Kinship Care ___Placed with Parent(s)/Parent(s) Name _____
Child is: ___Medically at risk ___Socially at risk ___Has Congenital Anomaly Other _____

Pediatrician Name: _____ **Ph. #** _____

Dentist Name: _____ **Ph. #** _____

Additional Provider: _____ **Ph. #** _____

REASON FOR REFERRAL:

Person Referring _____ Phone _____ Email _____

Please have a public health home visitor contact me.

Client Signature _____ Date _____

If signature not obtained, when/how was client informed of our program?

STATUS OF CASE

Investigation, no open case
 Open case, children in home
 Open case, child in foster/kinship
 Transitioning child into home

**Foster referrals please attach
 Release of information**

Foster Child Health Program

- Provide medical summary and updates related to the child's medical care/dental care/eye care, immunizations, and development.
- Provide developmental screening.
- Make community referrals.

First Year Initiative (FYI)

- First Year Initiative (FYI) follows the Parents as Teachers Curriculum (see description under PAT) but geared toward CFSD clients. Aimed to prevent the repetition of families entering into the system.
- Can do visits in the home, at CFSD, at Kinship/foster placement.
- Cannot be the supervisor during the visit. If in home, family must be on trial home visits or have guardian/ placement present.
- We enroll the youngest child. They can remain in program until 5 years of age.
- Visits are an hour long and occur 2 times a month (can be more frequent if caseworker/ family request more visits.)
- Program is optional for families. It cannot be court ordered and families cannot be penalized if they choose not to participate.
- Goal is to keep families engaged and enrolled in the program after their case has closed or before one gets opened to prevent future involvement with the department.

Car Seat Program

- We have trained child passenger safety technicians available to help you learn how to use your car seat safely.
- We also have a limited supply of car seats available at low or no cost. For more information call Lindsey at 406-345-4120

Parents as Teachers

- Parents as Teachers promotes the optimal early development, learning and health of children prenatal through age 5 by supporting and engaging their parents and caregivers
- Grounded in the latest research, Parents as Teachers develops curricula that support a parent's role in promoting school readiness and healthy development of children. Our approach is intimate and relationship-based. We embrace learning experiences that are relevant and customized for the individual needs of each family and child.
- We do 2 or more visits each month with the family based on their needs assessment.
- Developmental and various screenings
- Follow the evidence-based PAT curricula