**Natrona County-NOWCAP Parents as Teachers Program**

**345 N. Walsh Drive, P.O. Box 50423**

**Casper WY 82605**

**307-462-6028 or Susanpat@nowcap.com**

**307-237-9146 ext. 428**

**Your Child’s First Teacher is YOU!!**

***What is Parents as Teachers?***

It’s a home visiting program that helps young children become better learners well beforethey get to school. It helps parents and family members link to other community resources, learn from other families, and become more involved in their child’s development.

***What do you get from Parents as Teachers?***

* Regularly scheduled home visits from a trained Parent Educator who brings parenting and child development/behavior tips based on your child’s age.
* Age- appropriate activities you can do with your child to encourage learning.
* Free health and developmental screening (such as hearing, sight and growth)
* Pregnant women can start before birth and continue after child is born.

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| --- |
| DATE: Referral Source:  |
| Family Name (Please Print):  |
| Address:  |
| Phone:  |
| Are You Pregnant YES NO If yes, what is your due date:  |
| Do you have a child under 24 months of age? YES NO If yes, Birthdate:  |
| **Comments:**  |

I hereby authorize the above mentioned provider to release my name to Parents as Teachers, who may contact me with information about their services.

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Family Signature Date**

**Wyoming Parents as Teachers Eligibility Questionnaire**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark all that apply**

\_\_\_\_\_\_\_\_\_\_ Low income: WIC, Food Stamps, TANF, Medicaid, 185% of poverty level

\_\_\_\_\_\_\_\_\_\_ Pregnant and under 21

\_\_\_\_\_\_\_\_\_\_History of child welfare- as a child or as an adult

\_\_\_\_\_\_\_\_\_\_Substance abuse-past or present

\_\_\_\_\_\_\_\_\_\_ Tobacco use

\_\_\_\_\_\_\_\_\_\_ Low student achievement-not graduated from high school

\_\_\_\_\_\_\_\_\_\_ Development delay

\_\_\_\_\_\_\_\_\_\_ Military- any service in any branch- past or present

**\*Need at least one to qualify\***

Ages of children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*For office use only\***

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| --- | --- | --- | --- | --- |
| Phone Contacts |  |  |  |  |
| Home Visit Attempts |  |  |  |  |
| Letter mailed |  |  |  |  |

Family Accepted Services Yes No