



Parents as Teachers Program Application

Your name: _____ Address: _____

Phone number: _____ Your relationship to child/children: _____

Are you the primary caregiver? _____ If not, who is? _____

Please answer the following questions to help us determine if your family qualifies to participate in the Lincoln County RIII Parents As Teachers Program. This information will only be shared with the PAT staff.

1. Has your family participated in a PAT program in the past? _____

2. Please list the children in your family age 5 and younger and their date of birth.

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

3. Is the child/children being raised by:

One Parent

Two Parents

Foster Parents

Grandparents

Other _____

4. What is primary language spoken in your home? _____

5. Please circle any of the government assistance programs the family participates in.

WIC

Medicaid

TANIF

SNAP

NECAC

None

5. Please circle any of the demographics that apply to the family household:

Parents are young (under the age of 21)

Child with a disability or significant health concern

(if circled, please explain) _____

Adult in the home with a disability or significant health concern including mental health

(if circled, please explain) _____

Low educational attainment from caregiver

Recent immigrant or refugee family

Incarcerated parent

Parent with Substance use disorder

Child abuse or neglect

Very low birth weight (3.5 lbs or less)

Death in the immediate family

Domestic violence in the home

Military Deployment

Involvement with Social Services

6. Briefly explain why your family is in need of Parents as Teachers services. Please also list any concerns you have with your child's development.

Signature of person completing the form

Date

Daytime Phone Number