



REFERRAL APPLICATION

Instructions: Please complete only the information that is possible. The remainder of the application can be completed by the parent educator at the time of the initial visit with the family.

Completed by: _____ Phone: _____

Child's name: _____ Phone: _____

Date of birth: _____ Child's due date: _____ Date of enrollment: _____

Child's Address: _____

street

city

zip

Referral source: _____

Family Information:

Marital status: Married _____ Separated _____ Divorced _____ Widowed _____

Mother

Father

Name: _____

Address (if different from above): _____

Birthdate: _____

Last grade in school: _____

Work (full/part): _____

Name and phone number of contact person if parent is unavailable: _____

Language most frequently used in the home: _____

Does anyone in the family have a disability or delay? _____

Describe: _____

Siblings living in the home M/F Age: _____ Birthdate: _____

M/F Age: _____ Birthdate: _____

M/F Age: _____ Birthdate: _____

Other residents in home M/F Age: _____ Relationship with child: _____
 M/F Age: _____ Relationship with child: _____

Risk Factors:

Circle the following risk factors applicable to family:

teen parents substantiated child abuse/neglect domestic violence poverty illiteracy

Describe any other factor of the family that may put the child at risk for child abuse/neglect:

Child Information:

Baby's birth weight: _____ Length of infant stay in hospital: _____

Any illness or complications during pregnancy or delivery? _____

Has the child been hospitalized since birth: _____

Name(s) of child's medical/service provider(s): _____

Name and address of regular childcare provider other than parent: _____

_____ Phone: _____

Date of last exam by physician: _____

Additional comments or information (attach sheet if necessary): _____

Please return to:
Family Enrichment Center
1105 31W ByPass
Bowling Green, KY 42104
Attn: Renee Martin