BAMBERG COUNTY FIRST STEPS
Getting children ready for school.

Parents as Teachers® Model Affiliate

REFERRING AGENCY

Provider/Agency Making Referral:____

Street/Mailing Address:____

Phone Number:______________________________ Fax_______________________________

Person Making Referral:___________________________________ Title:_______________

Client Consent Statement:
I give my permission to share the information on this referral with the Bamberg County First Steps School To Readiness Partnership.

____ ___________________________
Parent/Guardian's Signature Date

FAMILY INFORMATION

Mother's/ Father's Name:__________________________ DOB:________ Age: _____ SSN :______________

Street/Mailing Address: ____

Home Phone:_____________________________ Alternate Phone:_________________________

A) Medicaid: ❑Yes ❑ No #______________ **B**) WIC: ❑Yes ❑ No **C**) SNAP: ❑Yes ❑No

Parent Graduated HS ❑Yes ❑ No GED: ❑Yes ❑ No Highest Grade Comp:_______

The above client is being referred to Bamberg County First Steps for ____________________
(Reason for Referral)
____.

Child's Name:___________________________ DOB: ________ Age:_____ SSN:______________

A) Medicaid: ❑Yes ❑ No #______________ **B**) WIC: ❑Yes ❑ No **C**) SNAP: ❑Yes ❑No

Additional Parent (If Appl.):_____________________________ Parent Involved? ❑Yes ❑No

Address: ____ Phone:_________________________

Parent Graduated HS ❑Yes ❑ No GED: ❑Yes❑ No Highest Grade Comp:_______

A) Medicaid: ❑Yes ❑ No #______________ **B**) WIC: ❑Yes ❑ No **C**) SNAP: ❑Yes ❑No

Please send completed form to: Bamberg County First Steps, PO Box 1129, Bamberg, SC 29003 or fax to 803-245-6523. For additional questions, please call 803-245-6749.

Risk Factors

(Check All Applicable Items)

- ❑ FS1: Referral Abuse
- ❑ FS2: Referral Neglect
- ❑ FS3: Foster Care
- ❑ FS4: SNAP Benefits
- ❑ FS5: TANF Eligible
- ❑ FS6: Developmental Delay per Doctor
- ❑ FS7: Teen Mom/CG @ Child's Birth
- ❑ FS8: Mom/CG has less HS Diploma
- ❑ FS9: Transient/Numerous Family Relocations
- ❑ FS10: Exposure to Substance Abuse
- ❑ FS11: Exposure to Depression
- ❑ FS12: Exposure to Mental Illness
- ❑ FS13: Exposure to Intellectual disability
- ❑ FS14: Exposure to Domestic Violence
- ❑ FS15: Low Birth weight @ birth
- ❑ FS16: Single Parent Household
- ❑ FS17: English Not Primary Language

Recommendations:

____

____

____

____

____

Referring Representative's Signature: ______________________________ **Date:** _______________

Please send completed form to: Bamberg County First Steps, PO Box 1129, Bamberg, SC 29003
or fax to 803-245-6523. For additional questions, please call 803-245-6749.