MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – HOME VISITING

REFERRAL FOR HOME VISITING SERVICES

REFERRING PERSON		DATE
REFERRER'S PHONE NUMBER	REFERRER'S EMAIL ADDRESS	
PARENT NAME	DATE OF BIRTH	DCN
PARENT NAME	DATE OF BIRTH	DCN
HOUSEHOLD ADDRESS		
PHONE NUMBER	CELL PHONE NUMBER	
EMAIL ADDRESS		
CHILD'S NAME	DATE OF BIRTH	DCN
CHILD'S NAME	DATE OF BIRTH	DCN
CHILD'S NAME	DATE OF BIRTH	DCN

THE FOLLOWING CRITERIA MUST BE MET

- ☐ Have a child less than three (3) years of age, prenatal services included
- ☐ Have a household income under 185% of poverty as defined at http://aspe.hhs.gov/poverty

MARK ANY ADDITONAL CRITERION THAT APPLIES

- ☐ "At risk" for physical, emotional, social or educational abuse/neglect
- ☐ Family whose child is in the custody of DSS with an active plan for custody of the child to be returned to the family
- ☐ Living in a shelter or temporary housing
- ☐ Teenage parent
- ☐ Unemployed, but may be receiving Temporary Assistance or other income
- ☐ Employed 40 hours or less per week
- ☐ Participating in an education or job training program.

CURRENT CHILDREN'S DIVISION STATUS (if known)

☐ Investigation	☐ Assessment	☐ Newborn Crisis Assessment (NCA)
☐ Family Centered Services (FCS)	☐ Alternative Care (AC)	☐ Intensive In-Home Services (IIS)

** If family is being transferred from an open CA/N report to a FCS/AC case and the FCS/AC case manager is not the referring party, please include contact information for FCS/AC case manager.

ANY SAFETY CONCERNS

** The Family's participation in a home visiting program is **voluntary*****

PARENT SIGNATURE