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

REFERRAL FOR HOME VISITING SERVICES

INSTRUCTIONS

Please fill out form completely and send to HomeVisiting@dese.mo.gov

REFERRAL INFORMATION

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

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 ADDITIONAL 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
- ☐ Family Centered Services (FCS)
- ☐ Assessment
- ☐ Alternative Care (AC)
- ☐ Newborn Crisis Assessment (NCA)
- ☐ 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 /CARETAKER SIGNATURE **REQUIRED**