

Concerns for

Child:

Center:

CPID #:

Program Option:	Part Day	Full Day		
Parents Working:	1 Parent	Both Parents	FT	PT
Parents Attending School:	1 Parent	Both Parents	FT	PT

Child Need:

- Referral 1, 2, 3
- Developmental Delay
- Behavior Concern
- Speech and/or Language Concern
- Mental Health Concern
- Medical Concern (ADHD/Hearing/Visi on/Asthma, etc.)
- Socialization

Family Need:

- Single Parent
- Teen Parent
- Separated or Divorced
- Unemployed
- Chemical Dependency
- Health/Dental issues
- Grandparent parenting
- Less than High school
- Pregnant Parent
- Blended Family

Notes

(any other information you want to be considered for this application)

Other

Considerations:

- Underemployed (working but not as many hours as the family wants/needs)
- If a child is on an IEP what services do they receive: Development, Speech (articulation) Language, OT
- Has the child witnessed or experienced Trauma (ACEs)
- Parent Victim of Domestic Violence
- Have any of the children in the family been in foster care in the past
- Any Reason for a lapse in Income
- Premie
- 4–5-year-old still not potty trained
- Sibling with a disability
- Parent or child w/ high anxiety