

# Better Beginnings

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## Better Beginnings Referral Form

### REFERRAL SOURCE

#### PERSON MAKING REFERRAL

Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### FAMILY INFORMATION

#### ADULT TO BE INVOLVED IN SERVICES

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

#### YOUNGEST CHILD IN FAMILY OR DUE DATE IF PREGNANT \*Eligible until youngest child in Kindergarten\*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

#### CONTACT INFORMATION \*\*Family must reside in Carteret County to be eligible.\*\*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### REASONS FOR REFERRAL

#### RISK FACTORS (Must have 4 risk factors to be eligible. Check all that apply):

##### IN THE CHILD:

- Fetal drug/alcohol exposure
- Shy temperament
- Chronic medical disorder

- Premature birth or complications
- Neurological impairment
- Psychiatric disorder

- "Difficult" temperament
- Developmental delays/Low IQ < 80
- Repeated aggression

##### IN THE FAMILY:

- Poverty
- Large family (4 or more children)

- Siblings within 2 years of child
- Parent/Caregiver with substance abuse

- Parent/Caregiver with criminality
- Parent/Caregiver with mental illness

##### EXPERIENTIAL:

- Poor infant attachment to parent/caregiver
- Separation/Divorce/Single Parent
- Witness to extreme conflict/violence
- Removal from home

- Long term absence of caregiver in infancy
- Substantiated neglect
- Sexual abuse
- Physical abuse

- Negative parent/caregiver-child relationship
- Frequent family moves
- Teen pregnancy

### REASONS FOR REFERRAL NARRATIVE

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