



## Referral for Services

**(Must live in Florence School District One, all services are free!)**

Today's date: \_\_\_\_\_ Referral received from: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ Home/Alt. phone: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

Parent's Workplace: \_\_\_\_\_

Does your child attend daycare? : No / Yes if so, Center: \_\_\_\_\_

Does your child have a home visitor? No /Yes if so, Visitor: \_\_\_\_\_

Parent enrolled in Poynor/Adult Ed. No/ Yes if so, Teacher: \_\_\_\_\_

Child enrolled in Child Development No/ Yes if so, School: \_\_\_\_\_

Please check the following services you are interested in receiving for your child:

\_\_\_\_\_ Free Books & Personalized visits (Parents as Teachers) Parent Educator visits twice a month.

\_\_\_\_\_ Free Books & Toys (Parent-Child Home) Home visitor visits child twice a week.

\_\_\_\_\_ Would like information about full day 4 year old preschool program.

\_\_\_\_\_ Would like information about monthly parent workshops.

**For more information please call or visit:**

**FSD1/Parent Education Services**

**111 West Laurel Street Florence, SC      Phone: 843-758-6871 or 843-758-6456**

**(Office use)**

Assigned Home visitor: \_\_\_\_\_ Date H.visitor received: \_\_\_\_\_

Place received from: \_\_\_\_\_

1st Contact date/ Result: \_\_\_\_\_

2nd Contact date/Result: \_\_\_\_\_

3rd Contact date/Result: \_\_\_\_\_

4th Contact date/Result: \_\_\_\_\_