

Parents as Teachers

Send referrals to: PATreferral@catholiccharitiescw.org -or- Fax: 509-966-9750

Program Referral Source:	Name of Referring Party:
Email:	Phone:

Required Eligibility Requirements (must have both):

- ☐ Family lives in Northern Yakima County (Union Gap and north), Douglas County or Chelan County
- ☐ Pregnant or youngest child is between birth and 3-years-old.

Is this family receiving TANF? Yes/No (please circle one)

Parent/Caregiver Information:

Name:	DOB:	Pregnant? Yes or No
Address:	Phone:	Race/Ethnicity:

Child(ren) Information (only children under age 5):

Child's Name	DOB

Preferred Language:

English / Spanish / Other: _____ (Please circle)

Do they speak English? Yes/No (please circle one)

Eligibility Factors:

- ☐ Low income (family qualifies for SNAP, WIC, TANF, state health insurance)
- ☐ Parent under 21yo
- ☐ Less than HS diploma or GED
- ☐ Child in the home with development or health issues: _____
- ☐ History of CPS involvement
- ☐ Caregiver history of substance abuse (including tobacco)
- ☐ Caregiver history of mental health concerns or disabilities: _____
- ☐ Domestic Violence
- ☐ Homeless or unstable housing
- ☐ Incarcerated parent
- ☐ Child born prematurely
- ☐ Enlisted in the military

Additional information: _____

For Program Use: