

This project is sponsored by



KERN COUNTY SUPERINTENDENT OF SCHOOLS
OFFICE OF LARRY E. REIDER
Alternative Education

Funded by Proposition 10.

Teen Parent-Child Outreach Project Pregnant/Parenting Teen Referral

Please fill out a referral form on each pregnant or parenting teen (male and female) in your class. Fill out form as completely as you are able and fax to 852-5710. The student will then be contacted and we will fill in the rest of the information.

Date of referral: _____ Referred by: _____

Teacher: _____ Teacher's Phone #: _____

Student's Name: _____ Date of Birth: ____/____/____

Address: _____ Zip: _____ Phone: _____
Street Number and Name, Apt. /Sp.

Alternate Phone: _____

Pregnant: yes / no If yes, date baby due: _____

Parenting: yes / no If yes, child's birth date: _____ Name of child (if known): _____

School currently attending: ___ Auburn ___ CLC ___ CLC Tech ___ Pride Academy
___ Sandstone Academy ___ Sillect Community School ___ Star Academy

School day / time: _____/_____ Best time to speak with student: _____

Parent/Guardian: Name _____ Relationship _____

Probation Officer: Name _____ Phone: _____

Has the student been informed of this referral? Yes / No *

(* It is not necessary for you to notify student of referral.)

Notes:

For Program Use Only: Case Manager Assigned: _____ Date: _____

Date of First Contact with student: ____/____/____ TPCOP Consent Date: ____/____/____

OCERS Consent Date: ____/____/____

Primary Language (Circle): English Spanish Other: _____

Insurance: ___ Medi-Cal ___ Private ___ None ___ Other

Staff signature: _____ Date: _____

← Referral to Counseling services: →

Date Referred for Assessment: _____

← For referral purposes for childcare, I certify that this student is currently enrolled in the Teen Parent-Child Outreach Project under case management services. →

Staff signature: _____ Date: _____