

---

## ABOUT US

Better Beginnings through funding from Carteret Smart Start, provides home-based family therapy to children 0 to first day in kindergarten residing in Carteret County identified with risk factors associated with the development of negative outcomes later in life.

---

## CONTACT



GLENDAM SELF, LCMHC  
Licensed Clinical Mental Health Counselor

209 N. 35<sup>th</sup> St, Suite B  
Morehead City, NC 28570  
Phone: (252) 723-5807  
Fax: (252) 499-9732

[glendamarieself@gmail.com](mailto:glendamarieself@gmail.com)



Angela M. Andrews, LCSWA  
Licensed Clinical Social Worker Associate

209 N. 35<sup>th</sup> St, Suite B  
Morehead City, NC 28570  
Phone: (252) 342-0883  
Fax: (252) 499-9732

[angelamandrews5@gmail.com](mailto:angelamandrews5@gmail.com)

---

[www.carteretkids.org](http://www.carteretkids.org)

---

PLACE  
STAMP  
HERE

Better Beginnings  
209 N. 35<sup>th</sup> St, Suite B  
Morehead City, NC 28570

# *Better Beginnings*

A Carteret Smart Start Program  
Supported by Smart Start Funds



## Referral Brochure

---

# HOW TO REFER TO *Better Beginnings*

1. If you have contact with high-risk families, you can refer to us. We offer home-based therapy as well as live parent coaching.
2. Put a check mark in the column of risk factors that describes the referral. If four or more items are checked, the family will qualify for the program. We accept your professional/personal "guestimate" if you are not certain of some of the items.
3. Upon receipt of this referral form a licensed professional therapist will contact your referral to make an appointment at the family's convenience. A visit to their home will be arranged to evaluate the need for services and to make a plan based on the family's goals.
4. The Better Beginnings therapist will coordinate their program with other professionals who may be involved in the family's health and recovery.
5. Referrals are followed up on a first come-first serve basis. Unless a professional deems it is an emergency referral in which case every effort will be made to respond immediately.

Check	Psychosocial Risk Factors
	<b>In the Child</b>
	Fetal Drug Alcohol Effects
	Premature Birth or Complications
	"Difficult" Temperament
	Shy Temperament
	Neurological Impairment
	Low IQ < 80
	Chronic Medical Disorder
	Psychiatric Disorder
	Repeated Aggression
	<b>In the Family</b>
	Poverty
	Large Family, 4 or more children
	Siblings within 2 years of child
	Parent with Mental Illness
	Parent with Substance Abuse
	Parent with Criminality
	<b>Experiential Risk Factors</b>
	Poor Infant Attachment to Mother
	Long Term Absence of Caregiver in Infancy
	Witness to Extreme Conflict, Violence
	Substantiated Neglect
	Separation/Divorce/Single Parent
	Negative Parent-Child Relationship
	Sexual Abuse
	Physical Abuse
	Removal from Home
	Frequent Family Moves
	Teen Pregnancy

Date: \_\_\_\_\_

Referral source and contact information:

\_\_\_\_\_  
\_\_\_\_\_

For:

\_\_\_\_\_ Home-Based Therapy

\_\_\_\_\_ Parent Coaching/Training

Name of Adult:

\_\_\_\_\_

DOB of Adult \_\_\_\_\_

Name of Youngest Child in family:

\_\_\_\_\_

DOB Youngest Child or Expected Due Date:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

Phone number or contact information:

\_\_\_\_\_

Best time to reach family: \_\_\_\_\_

Does the family have access to transportation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the family have Medicaid? No \_\_\_\_\_

Adult yes \_\_\_\_\_ Child yes \_\_\_\_\_

**Fax to 252-499-9732**