SUMMIT HEAD START 0-5

SUMMIT HEAD START 0-5 REFERRAL FORM

Summit Head Start 0-5 programs provide services for low-income families with children birth to 5 years old. Summit Head Start 0-5 enhances children's physical, social, emotional, and intellectual development; supports parents' efforts to fulfill their parental roles; and helps parents move toward self-sufficiency. Please use this form to refer families that may benefit from these services. We will use the information provided to recruit eligible children for enrollment.

Child's Name: _____ Date of Birth: _____
Was child premature? ☐ Yes ☐ No Families preferred language: _____
Contact information Legal Guardian:

Email: _____ Cell Phone (Parent): _____

Physical Address: _____ City: _____ Zip: _____

Mother's Name: _____DOB_____. Living with a child? ☐ Yes ☐ No
If pregnant when is the due date: _____ Is this person receiving prenatal services? ☐ Yes ☐ No

Father's Name: _____DOB: _____. Living with a child?☐ Yes ☐ No

Please indicate any/all programs in which the family is currently enrolled:

❑ ARISE ❑ Medicaid ❑TANF ❑ WIC ❑ SSI ❑ CCCAP ❑ Foster Care ❑ Building Hope ❑ FIRC
❑ Early Intervention Colorado (Part C) ❑ Strengthening Families (SFO) ❑ Nurse Family Partnership
❑ Community Child Care ❑ Summit School District Preschool ❑ Other: _____

Eligible families will be selected for enrollment in Early Head Start or Head Start based on a variety of risk factors. Please indicate any factors that you wish to be considered in the selection process below:

_____
_____
_____
_____
_____

By signing this document, I affirm that I am authorized to provide Summit Head Start 0-5 with the personal information about the individual(s) listed above.

_____ _____ _____
Referring Party Name Signature of Referring Party Date

_____
Referring Agency Name and Contact Information (phone a/o email)

Fax to: Summit Head Start 0-5 at 970-468-7923 or email: dulce@earlychildhoodoptions.org
Call us if you have questions! 970-406-3063

Status as of one month from referral date: _____

Date child started in EHS or HS: _____

Add 'l. Notes: _____