SUMMIT HEAD START 0-5

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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: _____
Mother's Name: _____DOB_____. Living with child? ☐ Yes ☐ No
If pregnant when is the due date: _____ Is this person receiving prenatal services? ☐ Yes ☐ No
Father's Name: _____DOB: _____. Living with child? ☐ Yes ☐ No
Home Phone #: _____ Cell Phone#: _____
Physical Address: _____City: _____Zip: _____

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

❑ Medicaid ❑TANF ❑ WIC ❑ SSI ❑ CCCAP ❑ Foster Care ❑ Families United

❑ Early Intervention Colorado (Part C) ❑ TOB Tuition Assistance ❑ Strengthening Families (SFO)

❑ Nurse Family Partnership ❑ Community Child Care ❑ Summit School District Preschool

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: Damarys@earlychildhoodoptions.org
Call us if you have questions! 970-406-3061 (English) or 970-406-3070 (Spanish)

Status as of one month from referral date:_____

Date child started in EHS or HS: _____

Add'l. Notes:_____