



Washita Valley Community Action Council EARLY/HEAD START REFERRAL FORM

Head Start and Early Head Start programs provide services for low-income families with children ages birth to 5 years old as well as pregnant women at no cost. Early/Head Start programs enhance children's physical, social, emotional, and intellectual development; assist pregnant women to access comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help 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: _____

Mother's Name: _____ Living with Child? Yes No

If pregnant when is the due date: _____ Is this person receiving prenatal services? Yes No

Father's Name: _____ Living with Child? Yes No

Home Phone#: _____ Cell Phone#: _____

Mailing Address: _____ City: _____ Zip: _____

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

Medicaid/Sooner Care ____ TANF ____ WIC ____ SSI ____ Foster Care ____ DHS Childcare Assistance ____

Eligible families will be selected for enrollment in Early Head Start based on a variety of 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 Washita Valley CAC Early / Head Start with the personal information about the individual(s) listed above.

Referring Party Name

Signature of Referring Party

Date

Referring Agency Name and Contact Information

Expectant Mother Signature

Guardian Signature (If Under 18)

Please Fax Form To the Washita Valley Office: 405-222-4303