



Coastal Community Action, Inc. Application Referral



EARLY/HEAD START REFERRAL FORM

Head Start and Early Head Start works with eligible families who have children ages birth to 5 years old at no cost. Early/Head Start programs enhance children's physical, social, emotional, and intellectual development; through either center-base or home-base program options; 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. Email form to autumn.bosnick@coastalcommunityaction.com

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 TANF WIC SSI Foster Care

Early Intervention Nurse Family Partnership Child Care

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 CCA Early / Head Start with the personal information about the individual(s) listed above.

Referring Party Name /Signature

Date _____

Referring Agency Name and Contact Information: