**Referral to Seedlings Center**

**Seedlings Head Start, Migrant Seasonal Head Start, and Early Head Start programs provide opportunities to low-income, qualifying pregnant women and children birth to five years of age to receive a comprehensive early learning experience.**

**Seedlings seek referrals from community partners like you for children and pregnant women who might qualify for one or more of our programs.**

**Referral for:**

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| --- |
| [ ]  **Pregnant woman** [ ]  **Infant/Toddler (0-2 years)** [ ]  **Preschool (3-5 years)** |

|  |  |
| --- | --- |
| **Name of parent(s), guardian(s), or pregnant woman:** | **Name of child:** |
| **Child’s birth date:** | **Family Phone:** |
| **Family Address:**  | **Family mailing address (if different)** |
| **Are there any Medical/Developmental concerns or/and Special Needs:****Describe:** |
| **Please mark any and all risk factors that may apply to this child/family:**[ ]  **TANF** [ ]  **SSI** [ ]  **SNAP** [ ]  **Homeless** [ ]  **Foster Child** [ ]  **Allergies** [ ]  **Farmworker** [ ]  **Disability** [ ]  **IEP**  [ ]  **IFSP** [ ]  **Other Special Needs:**  [ ]  **Developmental Concerns:** |
| **For transportation needs:** **What would be the pick-up address?       City:       Zip:****What would be the drop off address?       City:       Zip:** |

**Referred by:**

|  |  |
| --- | --- |
| **Professional’s name:** | **Phone:       Fax:** |
| **Agency:** | **Signature:** |
| **Email:** | **Date of Referral:** |

**Please Email to: clementina.west@esd105.org**

**ATTN: Eligibility & Program Governance Content Specialist**

**Phone: (509) 834-0327**