**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**