



**COMMUNITY ACTION
HEAD START &
EARLY LEARNING PROGRAMS**

Access • Opportunity • Community

Referral Form

Date Sent: _____

Child Name: _____ DOB: _____

Parent Name _____ DOB: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

If pregnant and applying for EHS services, expected due date: _____

**Reason for
Referral:** _____

Referring Agency: _____ Referring Staff Name: _____

Title: _____ Phone Number: _____

Release:

I consent to allow Head Start & Early Learning Programs (HS & ELP) to contact me regarding this referral. This authorization expires in one year. I understand that a photocopy or fax of this authorization shall have equal validity with the original.

Parent/Guardian Signature _____ Date _____

PLEASE CALL 413-387-1250 OR RETURN APPLICATION TO:

For Franklin County:
HS & ELP Enrollment Office
393 Main Street
Greenfield, MA 01301
fax 413-863-3603

For Western Hampden County:
HS & ELP Enrollment Office
390 Southampton Road
Westfield, MA 01085
fax 413-572-0387

For Hampshire County:
HS & ELP Enrollment Office
56 Vernon Street
Northampton, MA 01060
fax 413-582-4210
