

Referral Form

Date Sent: Click or tap to enter a date.

Child Name: Click or tap here to enter text. DOB: Click or tap to enter a date.

Parent Name: Click or tap here to enter text. DOB: Click or tap to enter a date.

Phone Number: Click or tap here to enter text. Alternate Phone Number: Click or tap here to enter text.

Address: Click or tap here to enter text.

### If pregnant and applying for EHS services, expected due date: Click or tap to enter a date.

**Reason for Referral:**

Click or tap here to enter text.

Referring Agency: Click or tap here to enter text. Referring Staff Name: Click or tap here to enter text.

Title: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

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, scan, or fax of this authorization shall have equal validity with the original.**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*To obtain an electronic signature from the parent, email the completed form to us and we will send it back with the electronic signature field.*

Please call 413-387-1250, email form to hselpenrollment@communityaction.us or return to:

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| *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 Office56 Vernon StreetNorthampton, MA 01060fax 413-582-4210 |