

**Early Childhood Network**

**Shared Referral Form**

**AGENCY INFORMATION:**

Referring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CHILD’S INFORMATION:

Child’s Last Name, First Name, Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Last Name, First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred time and method to contact family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL DETAILS ON SECOND PAGE *(please check all that apply AND complete other side)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **4-C Community Coordinated Child Care**  Phone: 815-344-5510, Fax: 815-344-5520 |  | **Pioneer Center**  Phone: 815-759-7047, Fax: 815-759-7298 |
|  | **Head Start**  Phone: 815-338-8790, Fax: 815-338-5790 |  | **District 19** (Alden-Hebron)  Phone: 815-648-2442, Fax: 815-648-2339 |
|  | **McHenry County Department of Health**  Phone: 815-334-4510, Fax: 815-334-0192 |  | **District 50** (Harvard) Washington School  Phone: 815-943-6367, Fax: 815-943-0293 |
|  | **Options & Advocacy** *(select one or more- see back for description)*  **\_\_\_ EI \_\_\_ HUG \_\_\_ ARC**  Phone: 815-477-4720, x 238, Fax: 815-788-0704 |  | **District 200** (Woodstock) Verda Dierzen Early Learning Ctr.  Phone: 815-338-8883, Fax: 815-337-5431 |
|  |  |  | **District 300** (Carpentersville) deLacey Family Education Ctr.  Phone: 224-484-2300, Fax: 224-484-2319 |

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| --- | --- |
| By signing this form, I understand that my consent is voluntary and I can withdraw my consent at any time (except for information previously disclosed). I have the right to see what is being disclosed and that my refusal to consent will not affect services within the original agency contacted, but may result in a referral to another agency not occurring in a timely manner. This consent is valid for one year from the date signed.  I agree to share the above information with the agencies marked.  I agree for the agencies marked to share with the referring agency an update on referral status.  I agree to be contacted by any of the marked agencies for follow-up.  **PARENT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_  **EXPIRATION DATE:** \_\_\_\_\_\_\_\_\_\_\_ (One year from date signed) | ***Office use Only***  Please send back to referring agency in final disposition:   * Received referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Contact made to family Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Enrolled child in program Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Program full-child on waitlist Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unable to contact family Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   (after 3 attempts) |

***COMPLETE OTHER SIDE***

|  |  |  |
| --- | --- | --- |
| **Community Services Available to Families** | | **Prevention Initiative Programs for Children 0-3 years** |
| **4-C Community Coordinated Child Care** | **Does the family …**   * Lack child care for employment and need assistance paying for child care? * Need referrals for child care or information about selecting a quality child care program? * Include a teen parent in need of child care in order to attend school? | **Does the family…**  Have risk factors for children birth to three in any of these areas:   * Have a child birth to 3 years old? * Receive WIC, SNAP, TANF, CCAP or Medicaid/AllKids? * Have an insecure living arrangement or are homeless? * Have a primary language other than English? * Have a child who was determined ineligible for Early Intervention? * Have a caregiver other than the parent raising the child? |
| **Head Start** | Does the family …Have a child 3 to 5 years who would benefit from a free preschool program?  * Need referrals to local social services? * Have an income at or below the federal poverty guidelines? |
| **McHenry County Department of Health** | **Does the family…**   * Need help with immunizations? * Need pregnancy testing or prenatal case management that includes an OB referral? * Have a pregnant mother who needs help completing a Medicaid application? * Need WIC services (coupons for formula, food packages, farmer’s market)? * Want to participate in a free high-risk infant follow-up program? | All Prevention Initiative (PI) programs cover particular areas within McHenry County. PI programs within school districts cover children living within their district boundaries. Any family living outside one of these school districts is covered by Options & Advocacy.   * **Options & Advocacy- Helping Us Grow (HUG program)-** *All McHenry Co except below* * **District 19 (Alden-Hebron)** * **District 50 (Harvard)** * **District 200 (Woodstock)** * **District 300 (Carpentersville)** |
| **Options & Advocacy** | **Does the family…**   * Have concerns about their child’s development birth to 3 years? Suspect possible delays? (EI)   Not sure? (HUG or EI)   * Want to receive a free developmental evaluation? (HUG/EI) * Have a child on the autism spectrum? Or suspicion of autism? (ARC) * Need help with educational advocacy? (ARC) * Need support with parenting and child development? (see Prevention Initiative/HUG Program) |  |
| **Pioneer Center** | **Does the family…**   * Have a pregnant mother or parent under age 23 willing to engage in an individual and group formats to gain skills and supports? * Have a child 3-18 years old who may have symptoms that might qualify them for a mental health diagnosis and is struggling at school, home, or in the   community?   * Have Medicaid or the ability to pay out of pocket based on sliding scale? * Have the willingness to participate in their child’s treatment? |