

## Wayne County Early Childhood Program Referral/Release Form

*These materials were developed under a grant awarded by the Michigan Department of Education*

*This form is to be completed only if the student qualifies for Head Start (**quintiles 1 and 2**). The Great Start Readiness Program (**GSRP**) representative completes Sections 1, 2, and 4 **ONLY**.*

<b>Section 1: Demographics</b>	Child's Name: _____ Birth Date: _____ Parent/Guardian's Name: _____ Phone Number: _____ Address: _____ Alternate Phone Number: _____ City: _____ Zip Code: _____ E-mail Address: _____ Household Income: \$ _____ Interval: _____ Number in Household: ____ Source: _____ Special Circumstances: _____ Child has IEP: _____ Is child in a homeless situation? _____ Is child in the foster care system? _____ Primary Language: _____ Is an interpreter needed? _____
<b>Section 2: Great Start Readiness Program</b>	I understand a representative from Head Start will contact me to discuss further options. I am applying for GSRP, due to the following reason(s): (check all that apply) _____ Transportation _____ Sibling was in program _____ Schedule (i.e. parent working/in school) _____ Sibling attends same school _____ Hours of Operation _____ Other: _____ By signing, I agree this information may be shared with appropriate early childhood agencies ( <b>Head Start, Wayne RESA, etc.</b> ). Parent/Guardian's Signature: _____ Date: _____ Parent/Guardian's Printed Name: _____ GSRP Program: _____ Phone #/Ext.: _____ Completed by: _____ E-mail: _____ GSRP Authorized Signature: _____ Date: _____ Sent to: _____ on _____ <div style="text-align: center;"> <small>Head Start Agency</small> <span style="margin-left: 150px;"><small>Date</small></span> </div> <p style="text-align: center;"><b>*GSRP must have a signed Memorandum of Understanding (MOU) with this agency on file.*</b></p>
<b>Section 3: Head Start</b>	Head Start Agency: _____ This child is: Released _____ Not Released _____ Reason(s): Head Start is full _____ Head Start <b>is not</b> full _____ Family prefers Head Start _____ Family prefers GSRP _____ Comments: _____ Name of Head Start Staff: _____ Head Start Authorized Signature: _____ Date: _____
<b>Section 4: GSRP</b>	<p style="text-align: center;"><b>*This section to be completed last, once received back from Head Start or after MOU window has closed.</b></p> Referral/Release Received: Yes _____ No _____ Date Received: _____ GSRP Authorized Signature: _____ Printed Name: _____