



Steve M. Tietjen, Ed.D. | County Superintendent of Schools

Head Start Program: 2130 Cooper Avenue, Merced, CA 95348 (209) 381-5170

For office use only

Assigned to: _____
 Date Assigned: _____
 Dates contacts were conducted: _____
 Contact 1: _____
 Contact 2: _____
 Contact 3: _____
 Status of Application:
 Complete
 Incomplete
 Not Interested
 Date referring party was notified _____

Send completed referral form via email to the secretary with a CC to your supervisor

REFERRAL FOR SERVICES

To Participating Agencies:

Please use this form for any child that you are referring to Head Start/Early Head Start. Fax the completed form, with a fax cover page to (209) 381-5172 or email to **HeadStartRef@mcoe.org**. Staff will be contacting the family, using the information you provide below, within the next two weeks. If you have any questions as to the status of this referral, please contact the Family Support Services Manager at (209) 381-5170.

Agency Information

Date of Referral: _____ Referring Agency: _____
 Agency Contact: _____ Contact Phone: _____
 Contact Email: _____

Child's Name: _____ **Date of Birth:** _____

Family Information

Parent/Guardian Name: _____ Relationship: _____
 Parent/Guardian Name: _____ Relationship: _____
 Family Address (street #, street name, City): _____
 Phone Number: _____ Alternate Phone: _____
 Primary language _____
Is the parent/guardian aware they have been referred to Head Start?
Do the parent(s)/guardian(s) work full-time, in a training program or on medical respite?

Reason the child/family is being referred: _____

Circle Program Options of Interest

Atwater

LeGrand

Santa Nella

Delhi

Livingston

South Dos Palos

El Nido

Los Banos

Stevinson

Gustine

Merced

Hilmar

Planada

Legend

- EHS: Pregnant Woman and infants 0 to 3 years old
- HS: children 3 to 5 years old