

NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)
HEAD START/EARLY HEAD START PROGRAM

OUTER AGENCY REFERRAL

To: _____

Agency: _____

Address: _____

Phone: _____

Neighbors in Need of Services, Inc. (NINOS) Head Start/Early Head Start Program is a comprehensive childcare and development program agency, which serves children and their families from pregnancy through four (4) years of age. Some of the services Head Start children receive include educational, dental, health, transition and disability services. One of the criteria for receiving Head Start services is that the families meet federal income guidelines. These guidelines are based on poverty data and must be used to determine Head Start eligibility for economically challenged families.

The following person(s) is being referred for your services:

Mr. / Ms. _____

Address: _____

Phone Number: _____

City: _____

State: _____

REASON: (Please check box that applies)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Adult Continuing Ed.(GED) | <input type="checkbox"/> TDHS (TANF, Medicaid, Food Stamps) | <input type="checkbox"/> DCCMS (Child Care) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Adult Literacy | <input type="checkbox"/> American Red Cross (Crisis) | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> ESL Classes | <input type="checkbox"/> Health Clinic/Family Health | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Housing/Util. | <input type="checkbox"/> Attorney General Child Support | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Other: |

Comments: _____

Any consideration given to the family will be appreciated. Thank you in advance for your support.

Parent/Guardian Signature

Family Service Worker Signature

____/____/____
Date

FOLLOW-UP

Results of Referral: Service Rendered Service Not Rendered. If not, why?

Is further follow-up needed? _____

Parent/Guardian Signature

Family Service Worker Signature

____/____/____
Date