



Barry and Calhoun Birth To Five Services Application

I understand that the completion of this application does not guarantee that my child is qualified or enrolled in any program. I certify that all the information submitted is true and accurate. I understand that if any information submitted on this application is found to be false, it may hinder the process. I also understand that the information submitted will be held in confidence and it may also be shared with all Birth to Five Service Programs. I agree with the above statements.

Please complete both pages of this form.

Child's Full Legal Name: _____

Home Address: _____ **Zip Code:** _____

Child's Date of Birth: _____ **Child's Gender** (circle one): Male Female

Child's Race (circle all that apply): Hispanic/Latino Black White Asian Native American Pacific Islander

Language Spoken at Home: 1st: _____ 2nd: _____ **Interpreter Required?** Yes No

School District of Residence: _____ **County:** _____

Is Current Home Address a Temporary Arrangement? Yes No

If Yes, is this Due to Economic Hardship? Yes No

Name of Parent #1 _____ **Date of Birth:** _____

Relationship to Child: _____ **Lives with Child?** Yes No

Phone Number: _____ **Phone Type:** Home Cell Work Message

Interpreter Needed? Yes No **Email address:** _____

Name of Parent/Guardian #2 _____ **Date of Birth:** _____

Relationship to Child: _____ **Lives with Child?** Yes No

Phone number: _____ **Phone type:** Home Cell Work Message

Interpreter needed? Yes No **Email address:** _____

Alternate Adult Contact Name: _____ **Phone number:** _____

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

Please complete all information

Do you have any health or developmental concerns about child? Yes No

Does the child have a current IEP? Yes No Don't know

Other Adults and Children in the Home:

Full Name: _____ Birthdate: _____ Relationship: _____
Full Name: _____ Birthdate: _____ Relationship: _____
Full Name: _____ Birthdate: _____ Relationship: _____
Full Name: _____ Birthdate: _____ Relationship: _____

***To ensure families with the greatest need receive the greatest support,
please provide the following family income information.***

Income Information (check all that apply):

_____ Wages/Earnings _____ SSI Dollars _____ Child Support _____ Unemployment _____ FIP/DHS Dollars
_____ Pension _____ Retirement _____ Worker's Comp _____ Alimony _____ Social Security _____ Military Pay
_____ Scholarships/Grants _____ WIC

Family's Income: \$ _____ , each (circle one): Week Month Year

Number of people in the family supported by the income above: _____

Location Preference: _____

Thank you for completing this referral form. We look forward to serving your family!



Please fax BOTH pages of this form to 269.788.3230 or
mail to Early Childhood Connections, 475 E. Roosevelt Ave., Battle Creek MI 49017