



# Lawrence County Early Childhood Academy

## Referral For Early Head Start/Head Start/Child Care/Preschool Services

Date: \_\_\_\_\_

Parent(s)/Applicant(s) Name: \_\_\_\_\_

Is applicant currently pregnant? \_\_\_\_\_ If yes, how many weeks? \_\_\_\_\_

Is a sibling enrolled in Head Start? \_\_\_\_\_ If yes, what center? \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Family Size: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Family Status:            Two Parent            Single Parent            Teen Parent

                                 Foster Family            Guardianship            Kinship Care

                                 Homeless            Active Military

Comments/Special Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Referred by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

1518 South 3<sup>rd</sup> Street

Ironton, Ohio 45638

740-533-9077

Please email to: [referrals@headstartworks.org](mailto:referrals@headstartworks.org)