# Tennessee State University – Early Head Start
# Referral Information

Assurance of Confidentiality: The information on this form is being requested on a voluntary basis. The information you provide will help us to deliver or direct services that are appropriate for your family's needs. Some of the information may be used to help plan national program initiatives. If you prefer not to provide some of the information, it will not affect the services we try to deliver. However, some information is required for eligibility determination. All information will be held in strict confidence.

Parent's Name: _____
Full Name Date of Birth Gender/Race

Child's Name: _____
Full Name Date of Birth Gender/Race

Child's Name: _____
Full Name Date of Birth Gender/Race

Child's Name: _____
Full Name Date of Birth Gender/Race

Address: _____ Telephone: _____

**What is the child's relationship to the applicant?**
( ) Biological Child ( ) Adoptive Child ( ) Foster Child ( ) Step Child
( ) Grand Child ( ) Aunt / Uncle ( ) Sibling ( ) Step / Half Sibling
( ) Legal Guardian ( ) No Biological / Legal Relationship ( ) Other Relative

**Does your family receive any type of service or financial assistance?** (Please check all that apply)
( ) Food Stamps ( ) Public Housing Assistance ( ) Subsidy/Child Care Certificate
( ) Public Assistance (i.e. TANF / Families First) ( ) Supplemental Security Income (SSI)
( ) WIC ( ) Foster Care / Adoption Subsidy ( ) Medical Financial Assistance (i.e. Medicaid / Medicare)
( ) Unemployment Insurance
( ) TEIS (IFSP) Developmental Concerns? ( ) No ( ) Yes
Would you like for your child to be referred for further developmental testing? ( ) No ( ) Yes

**Are you currently in school?** ( ) No ( ) Yes, specify: _____

**Pregnant Mom?** ( ) No ( )Yes If yes, Due Date: _____

**Number of children applying for: ____ Are you employed?** ( ) No ( ) Yes

Contact Name: _____ Telephone: _____

Contact Name: _____ Telephone: _____

Contact Name: _____ Telephone: _____

Taken By: _____ Date: _____

**Fax Completed Referrals to: 615-277-1686**