

EVERY CHILD SUCCEEDS REFERRAL FORM

Please complete the following and fax to **(513) 636-2460**

Questions? Call ECS at (513) 636-2830

1) Family income MUST be under 200% of Federal Poverty Level to be eligible for ECS.

[Medicaid and/or WIC = under 200% FPL]

2) Is this the mom's first baby? yes or no

[If yes, family is automatically eligible. If no, provide additional information in #5 below.]

3) Demographic Information for participating parent:

Parent's Name: _____

Parent's DOB: _____

Street Address: _____

Phone #: _____

City, State: _____

ZIP code: _____

County: _____

Parent's email: _____

Best way to contact Call Text

Emergency contact: _____

Emergency contact #: _____

Needs Interpretation Services? **yes** or **no**

Language: _____

4) Pregnancy and baby information:

♦ If prenatal: _____ weeks EDD _____

♦ If baby is born: Child's name: _____

Child's DOB: _____ * Baby MUST be less than 3 months old at referral

5) Please check ALL that apply:

Family receives Medicaid and/or WIC

Previous preterm birth

Unstable housing or homeless

Parent or family member uses tobacco

History of substance abuse

Concern about depression

Additional Comments: _____

Person making referral: _____	Date: _____
Name of Organization: _____	Phone#: _____
	Fax #: _____

I consent to share the above information with Every Child Succeeds and request that ECS contact me.	
_____ Parent Signature	_____ Date