

FPL Percentage = \_\_\_\_\_

### Wayne County Early Childhood Program Referral/Release Form



This form is to be completed **ONLY** if the student qualifies for Head Start (quintiles 1 and 2)  
The Great Start Readiness Program (GSRP) representative should complete Sections 1 and 2 **ONLY**.

<b>Section 1: Demographics</b>	Child's Name: _____ Parent/Guardian's Name: _____
	Birth Date: _____ Phone Number: _____
	Street Address: _____ Alternate Number: _____
	City: _____ Zip Code: _____ Email Address: _____
	Household Income: \$ _____ Interval: _____ Number in Household: _____ Source: _____ (Gross Income)
	Special Circumstances: _____
Child has an IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is child in a homeless situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is child in the foster care system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language: _____ Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Section 2: Great Start Readiness Program</b>	I understand a representative from Head Start will contact me to discuss further options. I am applying for GSRP, due to the following reason(s): (check all that apply)
	<input type="checkbox"/> Transportation / Distance <input type="checkbox"/> Sibling was in program <input type="checkbox"/> Schedule (i.e. parent working / in school) <input type="checkbox"/> Sibling attends same school <input type="checkbox"/> Hours of operation <input type="checkbox"/> Other: _____
	By signing, I agree this information may be shared with appropriate early childhood agencies ( <i>Head Start, RESA, etc.</i> )
	Parent/Guardian Signature: _____ Date: _____
	Parent/Guardian Printed Name: _____ Phone #: _____
	GSRP Program: _____ Completed by: _____
Sent to: _____ Date: _____	
GSRP Authorized Signature: <u>David Wilkins</u> Email: <a href="mailto:david.wilkins@detroitk12.org">david.wilkins@detroitk12.org</a>	

**\*GSRP must have a signed Memorandum of Understanding (MOU) with this agency on file.\***

<b>Section 3: Head Start</b>	This child is: <input type="checkbox"/> Released <input type="checkbox"/> NOT Released	Head Start Agency: _____
	Reason(s): <input type="checkbox"/> H.S. Start is full <input type="checkbox"/> H.S. <b>is not</b> full	<input type="checkbox"/> Family prefers H.S. <input type="checkbox"/> Family prefers GSRP
	Name of Head Start Staff: _____	Date: _____
	Head Start Authorized Signature: _____	
	Comments: _____	

Referral/Release Received: Yes _____ No _____
GSRP Authorized Signature: _____ Date Received: _____
Printed Name: <u>David Wilkins</u>

Scan and email completed form to [earlychild.recruit@detroitk12.org](mailto:earlychild.recruit@detroitk12.org)

Revised for 2020-21  
DWilkins - 6/15/20