

Early Start Referral RCEB Intake Referral Line 510-618-6195; Fax 510-618-7763, Attn: EI Intake

REFERRAL SOURCE: (Name of agency or individual) _____ Phone _____

CONSENT: Verbal or written consent by Parent / Legal Guardian is required prior to this referral.
Referral cannot be processed if this is not completed.

1. _____ Verbal consent has been obtained from parent / legal guardian for referral of child to: The Early Start Program at Regional Center of the East Bay and/or LEA, and if eligible, they agree to participate.

OR
2. _____ I hereby give consent for my child to be referred to The Early Start Program at Regional Center of the East Bay and/or LEA, and if eligible, I agree to participate. I also consent to the exchange of verbal or written information between the referral source and RCEB, and/or LEA to gather information needed for intake.
3. _____ As parent or individual legally responsible for this child, I hereby give consent for the information gathered for intake referral purpose to be shared with the qualified specialists evaluating to determine eligibility for Early Start services.

Parent / Legal Guardian Signature _____
Signature Date

Referral Form Completed By _____
Signature Date
Title Phone

Person giving info _____ Relation to child _____ Phone _____

Internal Use Only
 Referred to
 RCEB
 SELPA:
 Transition
 ASAP [children
 30+ months]

Attempts to contact
 Phone message:

 Final attempt letter sent:

Child's Name _____ AKA _____
Last First Middle

F M DOB _____ SSN _____ Ethnicity _____

Student # _____ District/SELPA _____

Lives with Parent Legal Guardian Foster Family Other _____

Name _____
 Address _____
 Phone _____
Home Phone Work Phone Cell Phone

E-mail _____ Best time to call: _____

Other Contact Person
 (Name / Relationship to Family) _____
 Address _____ Phone _____

If Child is a Court Dependent, Children & Family Services Worker's Name & ID # _____

Agency Address _____
 Phone _____ Fax Phone # _____

If foster child: Who holds educational rights? _____
 If not parents, have birth parents' educational rights been terminated or limited?
 Yes* No
* Please provide written documentation

Birth parent: Name _____ Phone _____
 Address _____

Language(s) spoken in Child's Home (%) _____ Interpreter Needed? Yes No
 Does family have interpreter? Yes No Name: _____
 Phone _____

