

Community Agency Referral Form

How to refer:

Email completed referral form to **Ana Antonio**, Family Support Service Manager at amantonio@laep.org
For any questions please contact her at: 213-622-5237 ex 263

Date: _____

Referring to:

SLA 90001: Home-based for child Home based for pregnant women

Inglewood: 90301, 90302, 90303, 90305 Hawthorne 90250

Home-based for child Home based for pregnant women Center based for child

Family Information

Child's Name: _____ Date of Birth: _____

Expectant Mother's Name: _____ Due Date: _____

Primary Caregivers Name: _____ Relationship to child: _____

Check here if family identifies as homeless

Address: _____ Apt: _____ City: _____ Zip code: _____

Phone #: (____) _____ - _____ Type: Home Cell Work

Email: _____

Family's language: English Spanish English/Spanish Other _____

Eligible families will be selected for enrollment in Early Head Start based on a variety of factors. Please indicate any factors that you wish to be considered in the selection process below:

Agency Information:

Name of Agency submitting referral: _____

Name of staff making referral: _____

Phone Number: _____ Email: _____