



*Due to contract and/or program requirements, we may need to contact you to gather more information to complete a referral.*

*If you would like to speak with our referral team, feel free to call 206-957-4841 or email [referrals@childhaven.org](mailto:referrals@childhaven.org).*

*Fax this completed form to 206-433-8566.*

## INQUIRY FORM

Program Key (Please note that not all programs are available at all locations and may not be available due to contract requirements)

### Early Learning

- ECLIPSE
  - Requires referral from State Social Worker or Public Health Nurse
  - Ages 1 month – 5 years
- Head Start / ECEAP
  - Ages 3 (by August 31<sup>st</sup> of school year) – 5 years

### Early Intervention

- Developmental evaluations and therapies for children 0-3<sup>rd</sup> birthday
  - Private and public insurance accepted

### Counseling

- Center-based and in-home (where available) counseling
  - Ages 0-13<sup>th</sup> birthday
  - King County Medicaid accepted only

### Caregiver Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Current Street \_\_\_\_\_

Current City \_\_\_\_\_ Current Zip/Postal Code \_\_\_\_\_

Primary language(s) in the home \_\_\_\_\_ Interpreter Needed? \_\_\_\_\_

Referral Source Information (if not parent or guardian)  Same as above: Skip to next section

First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Referral Source Email \_\_\_\_\_

Relationship of Referral Source to Child \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Have parent(s)/guardians(s) been informed of this referral to Childhaven?  Yes  No

