



**NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)  
HEAD START/EARLY HEAD START PROGRAM**

Revised 6/2020

**OUTER AGENCY REFERRAL FORM**

To: \_\_\_\_\_  
Address: \_\_\_\_\_

Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_

Neighbors in Need of Services, Inc. (NINOS) Head Start/Early Head Start Program is a comprehensive childcare and development program agency, which serves children and their families from pregnancy through four (4) year of age. Some of the services Head Start children receive include educational, dental, health, transition and disability series. One of the criteria for receiving Head Start services is that the families meet federal income guidelines. These guideline are based on poverty data and must be used to determine Head Start eligibility for economically challenged families.

The following person(s) is being referred for your services:

Mr. /  Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

REASON: (PLEASE CHECK BOX THAT APPLIES)

<input type="checkbox"/> Emergency	<input type="checkbox"/> Housing Assistance (Util.)	<input type="checkbox"/> Job Training (Unemployment)	<input type="checkbox"/> Child Support Assistance	<input type="checkbox"/> Asset Building Services (TANF)
<input type="checkbox"/> Crisis Assistance	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse Prevention	<input type="checkbox"/> Health Education (including prenatal)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Food (WIC, Food Stamps, Pantry)	<input type="checkbox"/> Literacy/Education	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Assistance to Families of Incarcerated	<input type="checkbox"/> Child Care (DCCMS)
<input type="checkbox"/> Clothing	<input type="checkbox"/> English as Second Language	<input type="checkbox"/> Child Abuse/Neglect Services	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Other (Detail on Comments)
<input type="checkbox"/> Transportation	<input type="checkbox"/> Adult Education (GED)	<input type="checkbox"/> Domestic Violence Services	<input type="checkbox"/> Marriage Education	

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Any consideration given to the family will be appreciated. Thank you in advance for your support.

\_\_\_\_\_  
Family Service Worker Signature

\_\_\_\_\_  
Date

<b>FOLLOW-UP</b>	<b>DATE:</b> _____
<b>Results of Referral:</b>	
<input type="checkbox"/> Service Rendered <input type="checkbox"/> Served Not Rendered (if not, why?) _____	
Is further follow-up needed? _____	
_____ Family Service Worker Signature	_____ Parent/Guardian Signature