



Neighbors In Need Of Services, Inc.  
**Early Head Start Transfer Request**

Complete this form and print to attain the parent signature and email to [dc@ninosinc.org](mailto:dc@ninosinc.org) for review and processing. If you are unable to attain the parent's signature type "approved by telephone" and click on the submit button for processing.

Applicant's Enrollment Information			
Current Center:		Transfer to Center:	
Child's Name:		Child's ChildPlus ID:	
Transfer From (Class ID):		Transfer To (Class ID):	
Expected Last Day:		Expected Start Date:	
Reason For Transfer:	<hr/> <hr/> <hr/>		
Staff Name and Employee ID:		Date:	
Release of Information by Parent/Guardian Applying for Transfer of Enrollment/Participant Records			
<p>I, _____ am requesting that my child, _____ be transferred or have my child's services changed according to the information listed above and hereby give my permission to have all current file information transferred from the sending site to the receiving site listed.</p>			
<hr/> Parent or Guardian Signature		<hr/> Date	
Authorization			
<i>The approval process must follow this sequence 1. Data Compliance 2. FS Coordinator 3. Director of Children Services</i>			
Approver	Approved/Not Approved	Date	Initials
Data Compliance (For Capacity & Feasibility)			
FS Coordinator (For Validity)			
Director of Children Services (For Authorization)			
For Data Compliance Only			
Staff Name and Employee ID:		Date Processed:	