

Today's Date:

RE: Child Name:

DOB:

Dear

The family has provided consent to exchange information with you as the referral source. The following is the result of the referral we received from you on _____ for the above-named child.

The child:

is eligible for Early ACCESS and parents have chosen to participate. We developed a plan for the child/family to receive Early ACCESS services.

is eligible for Early ACCESS and the parents have chosen not to participate at this time.

is not eligible for Early ACCESS. Referrals were made to the following:

Eligibility not determined. Contact me for more information.

For families who choose not to participate or for children who were not eligible, they have been encouraged to call me if they have questions or concerns.

Thank you for your referral to Early ACCESS. We look forward to continuing our work with you to support children and families. If you have additional questions or concerns regarding this child or would like more information about Early ACCESS, please contact me.

Sincerely,

Early ACCESS Service Coordinator, Agency:

Address:

City:

State:

ZIP:

Phone including area code:

Fax including area code:

Email: