

Dear Colleague,

Please refer children who may be eligible to participate in the CAPIC Head Start Program. Children must be 3-5 years of age and the family must meet Federal Poverty Guidelines unless the family qualifies as over-income with a disability. Children must live in **Chelsea, Revere or Winthrop**. CAPIC will refer children to the public school for an evaluation if the child appears to qualify for services with an IEP or 504 plan. Therapeutic services and "CORE" evaluations are **not** offered at the Head Start program.

Child's name _____ DOB _____

Parent's name _____

Phone _____

Address _____

Reason for referral _____

Or meets one of Head Start's disability criteria

- Health Impairment _____
- Emotional/behavioral disturbance _____
- Speech or language _____
- Learning disabilities _____
- Non-categorical/developmental delay _____
- Hearing impairment, including deafness _____
- Orthopedic impairment _____
- Visual impairment _____
- Autism _____
- Traumatic brain injury _____
- Multiple disabilities (blind/deaf) _____
- Other ; e.g., obesity, trauma, lack of exposure _____

Referring physician or other **referring party** _____ **Group Practice** _____

Email address _____ **Phone number** _____

Please either fax this referral to: 617-889-4031 or email the Head Start Director, Joanne Stone-Libon at jstonelibon@capicinc.org or Enrollment Coordinator, Cathy Mannone cmannone@capicinc.org

Thank you very much for referring a child to the Head Start program.

Joanne Stone-Libon, 617-889-5690 x 225
CAPIC Head Start, 67 Crescent Ave., Chelsea