



HOME BASED DURHAM EARLY HEAD START REFERRAL FORM

PLEASE email to anna.buckner@duke.edu



The **Durham Early Head Start Home Based Program** is a no-cost, comprehensive child development and family support program for low-income families which provides **weekly home visits and twice per month playgroups** to children ages birth to three years old and to expectant families.

Interested in home visits? *During COVID-19 crisis, tele-visits will be offered instead of home visits*
(Primary purpose of this referral)

NOTE: If interested in childcare ONLY please have family call the main office at 919-403-6960 ext. 227 for information on how to apply.

Child's name 1: _____ Date of Birth: _____

Child's name 2: _____ Date of Birth: _____

Child's name 3: _____ Date of Birth: _____

Please list both parents' names if both are in the home:

Parent/Guardian: _____ Working? If so, able to provide paystubs?

Parent/Guardian: _____ Working? If so, able to provide paystubs?

If pregnant, when is the baby due? _____

Phone# 1: _____ Phone# 2: _____

Email: _____

Address: _____

Primary language spoken in home: _____ Other languages spoken: _____

Yes No
 Is this family living somewhere that is not their home? (e.g., with relatives or friends?)

Does anyone in the home have a documented disability and receives SSI?

Does the child have a documented disability?

Eligible families will be selected for enrollment in the **Durham Early Head Start Home Based Program** based on a variety of factors. Please indicate below any factors that you wish to be considered in the selection process:

By signing this document I affirm that I am authorized to provide Durham Early Head Start with the personal information about the individual(s) listed above.

Referring Person's Name

Signature

Date

Referring Agency Name

Phone Number

Email

Questions: Contact Anna Pabón, Durham Early Head Start Home-based Coordinator at Center at Child and Family Health, at (919) 385-0725 or anna.buckner@duke.edu