



REFERRAL FEEDBACK FORM

Date: _____

Dear _____:

Thank you for your referral of _____ to the WV Birth to Three system. The family will be contacted within five (5) days of referral to begin gathering information about the family's priorities and concerns for their child and to provide information on Part C early intervention services and supports available through the WV Birth to Three system.

With the family's written permission we may be:

- 1) requesting additional information in regards to this referral; and/or
- 2) providing you with eligibility determination, assessment and Individualized Family Service Plan information, as it becomes available.

Sincerely,

Interim Service Coordinator
WV Birth to Three
Regional Administrative Unit

