



Kids On Track STEUBEN
In-partnership Transfer Action Cover Sheet
(Send with original referral attached)

Today's Date: ____/____/____
 mm dd yyyy

Infant Name: _____
 Mother Name: _____

TRANSFER FROM:	TRANSFER TO:
<input type="checkbox"/> ACCORD Birth to 5 Head Start <input type="checkbox"/> Healthy Families Steuben <input type="checkbox"/> Healthy Families Allegany <input type="checkbox"/> Livingston Public Health <input type="checkbox"/> Noyes First Steps <input type="checkbox"/> PRC of the Valleys <input type="checkbox"/> Pro Action Birth to 5 Head Start <input type="checkbox"/> Pro Action RCF Home Visiting <input type="checkbox"/> Pro Action RCF Community Based <input type="checkbox"/> Pro Action Child Care Aware <input type="checkbox"/> Pro Action WIC <input type="checkbox"/> Steuben Public Health <input type="checkbox"/> Other _____	<input type="checkbox"/> ACCORD Birth to 5 Head Start <input type="checkbox"/> Healthy Families Steuben <input type="checkbox"/> Healthy Families Allegany <input type="checkbox"/> Livingston Public Health <input type="checkbox"/> Noyes First Steps <input type="checkbox"/> PRC of the Valleys <input type="checkbox"/> Pro Action Birth to 5 Head Start <input type="checkbox"/> Pro Action RCF Home Visiting <input type="checkbox"/> Pro Action RCF Community Based <input type="checkbox"/> Pro Action Child Care Aware <input type="checkbox"/> Pro Action WIC <input type="checkbox"/> Steuben Public Health <input type="checkbox"/> Other _____

SENDER CONTACT NAME: _____
 (Please print)

SENDER CONTACT PHONE: _____

ABOUT THIS REFERRAL	Date Original Referral Received:	Referral Type:
	____/____/____ mm dd yyyy	<input type="checkbox"/> Prenatal <input type="checkbox"/> Newborn/Infant

Reason for Transfer Action:

- Child / Family not eligible
- Child / Family is eligible, but program is full
- Family could not be contacted after repeated outreach
- Family declines any home visiting program
- Family prefers a different home visiting program
- Family prefers developmental screenings only without home visiting
- Family is enrolled in home visiting but seeks referral for center-based Birth to 5 Head Start
- Services are no longer needed; file in "unenrolled"
- Send Developmental Screening outreach packet and file accordingly

Comment: _____

Pro Action Office Use:

Referral Transfer Action entered ____/____/____
 mm dd yyyy

Loop Closed (Sender notified of outcome of referral) ____/____/____
 mm dd yyyy