

Southern Tier Kids on Track

Organizations in our partnership have several voluntary programs designed to provide parents in New York's Allegany, Chemung, Livingston, Schuylers, Steuben, and Tioga Counties with referrals, resources, information, education and support. The programs are at no cost to families.



Intra-partnership Service Referral Form: CHILD OLDER THAN 3 MONTHS*

(*Please use the KOT Prenatal / Newborn Referral for PREGNANT MOMS AND BABIES UNDER 3 MONTHS of age;

** Please close the loop on the referral by letting the source know if the family engaged in services.)

Consenting Parent or Caregiver					
First Name			Last Name		
Address:			City, State, Zip:	DOB:	
Phone #:		Email:		County:	
Relationship to Child:			Primary Parent Insurance:	<input type="checkbox"/> Medicaid <input type="checkbox"/> No insurance <input type="checkbox"/> Private Insurance	
Primary Parent Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Secondary Parent or Caregiver					
First Name			Last Name		
Address:			City, State, Zip:	DOB:	
Phone #:	Email:		Relationship to Child:		
Referred Child					
First Name			Last Name		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Pediatrician:	School or Child Care:		
Other Children in the Home (use additional page if needed)					
First Name	Last Name	Gender	DOB:	School or Child Care:	
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

Reason for referral:

Consenting Parent Signature:		Date:	
Consenting Parent Name:			
<p>By signing above, I give permission for the appropriate partner programs on the reverse of this form to contact me to offer more information and services available to me and my family. I understand that the outcome of the referral will be recorded by the Kids On Track partnership in its database.</p>			

<p>Source of referral:</p> <p>Name: _____</p> <p>Agency: _____</p> <p>Phone #: _____</p> <p>Email: _____</p>

<p>Please return completed referral form to:</p> <p>Pro Action Resilient Children and Families Attention: Referral Assistant Mail: 117 East Steuben Street, Bath, NY 14810 Fax: 607-776-3432 Email: KOTReferrals@proactioninc.org Phone: 607-776-2125</p>
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Serving Allegany County, NY

ACCORD Birth To 5 Head Start

P: 585-268-7605 x1525

F: 585-268-7241

E: kcarr@accordcorp.org

Healthy Families

P: 716-372-8624

F: 716-372-8640

E: dtuttle@parenteducationprogram.org

Serving Chemung County, NY

CIDS

P: 607-733-6533

F: 607-733-0939

E: karens@cidsfamilies.org

EOP Birth To 5 Head Start

P: 607-733-6208 x276

F: 607-733-0598

E: awillette@cseop.org

Serving Livingston County, NY

Livingston County Public Health

P: 585-243-7299

F: 585-243-6794

E: dept-of-health@co.livingston.ny.us

Serving Schuyler County, NY

Birth To 5 Head Start

P: 607-535-6814

F: 607-535-6823

E: rprince@schuylerheadstart.org

Serving Steuben County, NY

Healthy Families

P: 607-776-6621

F: 607-622-6053

E: hfs.steuben@dor.org

Pregnancy Resource Center of the Valleys

P: 607-936-3100

Email: prcvalleys@gmail.com

Pro Action Birth To 5 Head Start AND Resilient Children & Families

P: 607-776-2125 x212

F: 607-776-3432

E: KOTReferral@proactioninc.org

Pro Action WIC (Steuben)

P: 607-776-2125 x220

F: 607-776-2803

E: KOTReferral@proactioninc.org

Steuben County Public Health

P: 607-664-2438

F: 607-664-2166

E: kpotter@steubencountyny.gov

Serving Tioga County, NY

Tioga PACT Healthy Families

P: 607-687-6145

F: 607-687-6149

E: kriewerts@lourdes.com