

Child's Information:				Student ID#	
Name:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander					
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					
Date of Birth:		Grade:			
School/Daycare Center:				Teacher:	

Parent/Primary Caregiver Information:					
Name:				Home Phone: ()	
Address:				Work Phone: ()	
City:				Other Phone: ()	
Zip:		Email:		Language Preference:	

Alternative Contact:					
Name:				Relationship to Child:	
Phone: ()				Other Phone: ()	

Referral Information:					
Name:				Title:	
Phone: ()				Agency/School:	
Previously Referred to: <input type="checkbox"/> Early Steps <input type="checkbox"/> Child Find					

Educational Placement Information:					
<input type="checkbox"/> Child not enrolled in daycare, preschool, or school			<input type="checkbox"/> Hospital/Homebound instruction		
<input type="checkbox"/> Daycare center, preschool, or family childcare			<input type="checkbox"/> Home schooled		
<input type="checkbox"/> Regular education			<input type="checkbox"/> ESE Services (list):		

Brief Description of Reason for Referral:					

Application Acknowledgment and Submission:					
I affirm that the facts set forth in this application are, to the best of my knowledge, true and complete. I give permission to Children's Home Network and its representatives to contact the parent/caregiver of the child as entered in the SEEDS application in connection with my desire to seek services with the Supporting and Empowering Educational and Developmental Services (SEEDS) program. I acknowledge that if this application is being completed by someone other than the parent/caregiver of this child, that I have spoken with and received permission from the caregiver to submit this application on their behalf.					
BY SUBMITTING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS STATED ABOVE.					
Parent/Caregiver Signature:				Date:	