

Early Childhood Initiative

Participant Referral Form

Program Overview

Early Childhood Initiative (ECI) is a voluntary home visiting program for expectant caregivers and families with young children. To enter our program, families must either be pregnant or have a child under 12 months in their care AND live in one of our service areas. For our North Side office, eligible families must have a child due or born in 2017 and live in the Lindbergh, Gompers, Mendota, or Lakeview Elementary areas. If you are unsure if you/the family you're referring qualifies, please don't hesitate to call one of our offices and ask! We'd be happy to help.

Referral Information				
Referral Source Name:		Date:		
Phone:	Agency/Dept:			
E-Mail Address:				
Did family agree to referral?] Yes, verbal agreem	ent 🗌 Yes, with signatur	e:	
	F	amily Information		
Caregiver Name:			DOB:	
Caregiver Name:			DOB:	
Address:				
Primary Phone:				
Secondary Phone or Email:				
Languages Spoken:	Preferred language for visits:			
Pregnant?	□No	Yes, due date:		
Caring for a child under 12 old?	months No	Yes, birthday: Name(s) of child(ren):		
Are you/is the family enrolled No Yes (please	d in or on the waitin	•	owing programs?	
Welcome Baby?		☐ Enrolled	☐ On waitlist	
Early Head Start?		☐ Enrolled	☐ On waitlist	
Nurse-Family Partnership? What support would the fam	ily like?	☐ Enrolled	☐ On waitlist	

Allied

2225 Allied Drive #4 Madison, WI 53711 Phone (608) 273-6600 Fax (608) 273-6601 Leopold

3301 Leopold Way #108 Madison, WI 53713 Phone: (608) 273-6955 Fax: (608) 273-6699 North Side 2830 Dryden Dr. Madison, WI 53704

Phone: (608) 572-3818 Fax: (608) 250-6637 Southwest Madison

5810 Russett Road #3 Madison, WI 53711 Phone (608) 273-6625 Fax (608) 273-6624 Sun Prairie

1632 W. Main St. #9 Sun Prairie, WI 53590 Phone (608) 825-2165 Fax (608) 834-1713