

Dear Community Partner,

March 28, 2023

The Head Start Program is starting its annual recruitment campaign for the 2023-2024 school year. For those of you who are not familiar with our program, Head Start is a comprehensive curriculum-based program designed to help children develop their school readiness skills in a nurturing and creative environment. Head Start emphasizes parent involvement in all aspects of the program and works to help families connect to needed resources in the community. During this recruitment period we like to notify programs such as yours of our campaign and encourage your staff to make referrals to our program. Even though Head Start is an income-based program, we encourage all families to apply as we can accept 10% of over income families as well as accommodate others under the UPK Program. The selection process usually takes place between May and June depending on the school district applied for.

While our focus during this time of year is primarily on filling our classrooms for next school year, Pro Action Head Start is a Birth-5 Program that also offers comprehensive education services for pregnant women and children up to three years of age in the Early Head Start Program. Early Head Start couples with families to promote the healthy development of infants and toddlers through both home-based and center-based services. Head Start Birth-5 recognizes that early education is a vital part of a child's ability to succeed in school and beyond.

I have enclosed a copy of our brochure for your review. On the back side, you will find all our classroom sites and the contact information for each service area. Families may call the phone number listed for their area or the main office for more information or to complete an application.

We would like to thank you for your assistance in reaching out to families in our communities. It is my hope that with a combined community effort, can ensure that families in greatest need of Head Start Birth-5 services are provided with them. If you have any questions, please feel free to contact me.

Sincerely,



Chris Lewis
ERSEA/Transitions Specialist
Head Start Birth-5 Program
Pro Action of Steuben & Yates, Inc.
117 E. Steuben St. Bath, NY 14810
607-776-2125 ext. 7102
lewisc@proactioninc.org

Southern Tier Kids on Track

Organizations in our partnership have several voluntary programs designed to provide parents in New York's Allegany, Chemung, Livingston, Schuyler, Steuben, Tioga, and Tompkins 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	DOB:
Address:			City, State, Zip:	County:
Phone #:			Email:	
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	DOB:
Address:			City, State, Zip:	County:
Phone #:		Email:		Relationship to Child:
Referred Child				
First Name			Last Name	DOB:
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:			
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>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</p> <p>Attention: Referral Assistant</p> <p>Mail: 117 East Steuben Street, Bath, NY 14810</p> <p>Fax: 607-776-4873</p> <p>Email: KOTReferrals@proactioninc.org</p> <p>Phone: 607-776-2125 ext. 2102</p>
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