

KERN EARLY START SERVICES

- KERN REGIONAL CENTER - (661) 327-8531 • FAX (661) 327-8676
- BAKERSFIELD CITY SCHOOL DISTRICT SELPA - (661) 631-5850 • FAX (661) 631-3289
- KERN COUNTY CONSORTIUM SELPA - (661) 636-4817 • FAX (661) 636-4810
- SIERRA SANDS SELPA - (760) 499-1702 • FAX (760) 446-1639

DISTRICT OF RESIDENCE

Soc. Sec. #	UCI#	SELPA ID #	
LAST NAME	FIRST	MIDDLE	<input type="checkbox"/> Male <input type="checkbox"/> Female
			DATE OF BIRTH C.A.
AKA	PRIMARY LANGUAGE Child: _____ Parent: _____		ETHNICITY
CHILD LIVES WITH: <input type="checkbox"/> PARENT <input type="checkbox"/> FFH* <input type="checkbox"/> LCI* <input type="checkbox"/> OTHER*			
PARENT/GUARDIAN	ADDRESS, CITY, ZIP		PHONE Home: Work:
CARE PROVIDER/LCI/FOSTER HOME	ADDRESS, CITY, ZIP		PHONE Home: Work:
ATTACH H09B/COMPLETE/MAIL H09A			Work:
OTHER (name/relationship)	ADDRESS, CITY, ZIP		PHONE Home: Work:
SURROGATE ASSIGNMENT NEEDED: <input type="checkbox"/> Yes <input type="checkbox"/> No FOSTER PARENT ASSIGNMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No			
REASON FOR REFERRAL/SERVICE REQUEST			
PREVIOUS PROGRAM: <input type="checkbox"/> Yes <input type="checkbox"/> No IFSP/IEP from:			
PREVIOUS PLACEMENT CONTACT - NAME	AGENCY	PHONE	
FAMILY RECEIVES SERVICES FROM: <input type="checkbox"/> KRC <input type="checkbox"/> CCS <input type="checkbox"/> DHS <input type="checkbox"/> LEA <input type="checkbox"/> OTHER			
SOCIAL WORKER/AGENCY	ADDRESS, CITY, ZIP		PHONE
IDENTIFY CASE MANAGER/SERVICE COORDINATOR FOR SERVICES ABOVE.			
NAME	AGENCY	PHONE	
DATE ASSIGNED _____			
SOURCE - INCLUDE RELATIONSHIP OR AGENCY:			
NAME	ADDRESS, CITY, ZIP	PHONE	
NOTES:			CHILD PARTICIPATES IN: <input type="checkbox"/> DAYCARE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> FAMILY CARE
LEA ONLY _____ KRC ONLY _____			
RECEIVED BY:	REFERRAL DATE:	FAXED TO:	REFERRAL SENT TO:
DATE:		DATE:	DATE: