



## REFERRAL FORM

KPS Bright Futures Home Visitation Program (Prenatal – 3)

**\*Families working with Early Head Start will not be eligible!\***

Referring Agency \_\_\_\_\_

Date \_\_\_\_\_

Child(s) Name

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

***Please check all that apply (must meet one of the following)***

- Family Income is in the low income index
- Child(ren) (birth to age three) born prematurely
- Language other than English is used as the primary means of communication in the home
- Parent/guardian is younger than 20 years of age
- Parent/guardian did not graduate for high school or earn a GED
- Child (prenatal to age three) has a parent that is incarcerated
- Family interested in participating in Home Visitation

Parent/Guardian Approval Signature) \_\_\_\_\_ Date \_\_\_\_\_

Please send to: 1511 5<sup>th</sup> Ave, Kearney NE 68845 Fax: (308)698-8054 Phone: (308)627-6774

Email: [chepalu@kearneycats.com](mailto:chepalu@kearneycats.com)

