

WV Department of Health and Human Resources  
Bureau for Public Health  
**OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH**  
WV Birth to Three  
350 Capitol Street Room 427, Charleston, WV 25301-3714



**OMCH/SSA/DDS/SSI PROJECT  
EARLY INTERVENTION GREENSHEET REFERRAL**

A "green" sheet should be completed and attached to all initial applications submitted to the local Social Security Offices, as well as attached to follow-up information submitted at a later date:

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Child's Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

\*Child's Soc. Sec. No.: \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

RAU \_\_\_\_\_

Service Coordinator's Name \_\_\_\_\_ Phone \_\_\_\_\_

GREENSHEET STATUS: INITIAL SSI APPLICATION/PACKET ENCLOSED \_\_\_\_\_

ADDITIONAL ASSESSMENT INFORMATION ENCLOSED \_\_\_\_\_

\*Leave blank if child has not received own social security number.

Attach "green" sheet to all information submitted. If your early intervention assessment information is not sent with the family's original application, please call the child's local Social Security office to determine where the child's claim is in processing. (See contact list.) Send early intervention assessment reports to the appropriate office (Social Security or DDS) depending on where the claim is in processing. If you are unable to confirm where the application is in process, then send material to the child's Social Security office.

WAS EI INFORMATION SUBMITTED TO LOCAL SOCIAL SECURITY OFFICE  OR DDS ?

DATE EI INFORMATION SUBMITTED \_\_\_\_\_

Immediately after submitting a "green" sheet and information to the appropriate local Social Security office or DDS office,

SEND A COPY OF THE COMPLETED "GREEN" SHEET TO:

\_\_\_\_\_ Carolyn White, DDS PRO  
Charleston Federal Center  
Disability Determination Section  
500 Quarrier Street, Suite 500  
Charleston, WV 25301  
Phone: (304) 353-4249; 1-800-344-5033  
Fax: (304) 353-4257

**OR**

\_\_\_\_\_ Don Cross, Administrative Assistant  
Clarksburg Area Office  
Disability Determination Section  
320 W. Pike Street, Suite 120  
Clarksburg, WV 26301  
Phone: (304) 624-0232  
Fax: (304) 624-0235

AND A COPY TO:

\_\_\_\_\_ Pam Roush, Director  
WV Birth to Three  
ATTN: SSA/DDS/SSI Greensheet Tracking  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714  
Fax: (304) 558-2183