



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
West Virginia Department of Health

Child Last Name: _____ MI
Child First Name: _____
DOB: _____ ID#: _____
FOLDER: _____ Date: _____

(CPS requires feedback on all children)

Date: _____ Date of Original Referral to WVBTT: _____

Child's Name: _____ DOB: _____
Last Name First Name MI

Parent or Foster Parent Name: _____
Last Name First Name

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank you for referring this child to WV Birth to Three.

☐ Repeated contact attempts have been unsuccessful in reaching the family

Has this child changed placement? Please call or email to let us know if the child's placement has changed or if you have contact information for the child other than what is listed above.

- ☐ Referral will be closed:
- ☐ Parent or foster parent declined the referral/evaluation/eligibility determination (***Include in comment section, the name of the parent who declined, as well as the date***) ***Did parent provide reason for declining? No Yes (explain in comment section below)***
 - ☐ Unable to contact the parent or foster parent after repeated attempts
 - ☐ The child has been evaluated and found not eligible at this time
 - ☐ The child has been evaluated and was found eligible, but the family declined services

☐ Child is receiving WV Birth to Three services:

- ☐ The child was evaluated and found eligible and an Individualized Family Service Plan (IFSP) has been developed with the child and family
- ☐ Child was currently receiving WV Birth to Three services at time of CPS referral

Other _____

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If you need additional information or copies of records for the above child, please make written requests to the Regional Administrative Unit (RAU) listed below.

RAU Contact: _____

RAU Telephone: _____ RAU Fax: _____ Email: _____