



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

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

Date: _____

Dear _____

This letter is to inform you that your child, _____ has been referred to the WV Birth to Three Early Intervention system.

WV Birth to Three provides information and support to parents to assist them in helping their child grow and develop. We would like to meet with you to explain how a child can be eligible, and what the program can offer. I have enclosed written materials that will explain WV Birth to Three.

I will contact you within the next few days to review the information and to see if you are interested in participating in our program. I will be calling you at the telephone number that I have for you _____. If you have a different number that would be better, or you would prefer to be contacted in a different way, please complete the *"Referral Response and Contact Information"* form below and return it in the self-addressed stamped envelope OR you are welcome to contact me directly at _____.

I look forward to speaking with you.

Sincerely,

WV Birth to Three Interim Service Coordinator
Address: _____

Phone Number: _____

Contact Email: _____

----- Please detach and return this portion if you wish to update your contact information -----

WV Birth to Three
Referral Response and Contact Information

Child's Name: _____

Parent/Legal Guardian: _____

Best way to contact you:
(Check all that apply)

☐☐☐

Home Phone

☐

Cell Phone

Text Message

Email Address

☐

Mail (include address)

Other Comments: _____

Alternate Contact _____

(Please include name, relationship to child, and contact information.)