



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:

DOB:

FOLDER:

MI

ID#:

Date:

Date:

Dear _____,

WV Birth to Three (WVBTT) is a statewide program that provides early intervention services for infants and toddlers who may have developmental delays. Early intervention services help families know how to help their children grow and learn. WV Birth to Three has received a referral for your child _____.

With your permission, WVBTT will gather information from you about your child's development in order to know if your child is eligible for services. Since receiving this referral, WV Birth to Three has been unable to contact you to schedule

If you would like to learn more about our program and services that we may be able to provide to your child, please contact me at _____ or through our toll-free number at _____. If you are not interested and would like for us to close your child's referral, please contact us promptly. If we do not hear from you within 15 days, your referral will be closed.

Sincerely,

WV Birth to Three Interim Service Coordinator
Address:

Contact Number:

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.)