



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: _____

Send to CSM at this address: <https://dhhr.wv.gov/bcf/Documents/DHHR.BCF.CSM.pdf>

Date: _____

WV Birth to Three current contact information for child and family:

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

Child's Address: _____ Street _____ City _____ State _____ Zip _____

Parent/Legal Guardian Name: _____ Phone: _____

Foster Parent Name: _____ Phone: _____

This is to inform you that WV Birth to Three has been providing early intervention services to the child above, who is involved with Child Protective Services.

The following is the status of that child:

- This child's parent/foster parent has not responded to multiple attempts of the WV Birth to Three team to schedule visits. Without additional information, WV Birth to Three may initiate steps to disenroll the child due to inability to provide services. *Does the family have a new address or contact information different from that above? If yes, please provide the Service Coordinator listed below, with the new contact information for the family.*
- This child has been evaluated and found not eligible at this time for the WV Birth to Three program.
- This child's parent/foster parent has declined any further service with WV Birth to Three and the child has been exited from the program.
- This child was removed from placement at the above address, but WV Birth to Three does not have information about where the child is now. *Please call or email the Service Coordinator listed below with information regarding the child's current placement so WV Birth to Three services can be provided.*
- Due to safety concerns, the WV Birth to Three early intervention team is no longer able to provide services in the child/family's home. The WV Birth to Three team is willing to provide services in an alternate site. *If the family is participating in visits with CPS where early intervention could be provided, please contact the Service Coordinator below to coordinate dates/times.*

New Contact Information for Child:

Child's Address: _____ Street _____ City/State _____ Zip _____

Parent/Legal Guardian Name: _____ Phone: _____

Foster Parent Name: _____ Phone: _____

Child's Current CPS Worker: _____ County: _____

Phone: _____ Ext. _____ Email: _____

Foster Care Worker: _____ Agency: _____

Phone: _____ Ext. _____ Email: _____

Send new information to:

Service Coordinator: _____

Address: _____

Email: _____ Phone: _____