
Early Childhood Health Project

Health Care Consultant Enrollment Form

Please complete by **printing** all information:

Name: _____

Organization Name (if applicable): _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Please indicate the date that you expect to complete your studies if you are a:

medical student _____ intern _____ resident _____

Is there an early childhood provider with which you would like to be linked?

_____ **YES** →→ If **YES**, please complete the following: (Note: if you would like to be linked with more than one program, please list additional programs on back of this form.)

Name of early childhood provider: _____

Contact name (if known): _____

Contact phone number (if known): _____

County: _____

_____ **NO** →→ If **NO**, please complete the following (Note: if you want to be linked with more than one program, please indicate by placing a number in front of the appropriate program.)

Type of early childhood provider with which you prefer to be linked (please check one):

- | | |
|--|---|
| <input type="checkbox"/> Licensed Child Care Center | <input type="checkbox"/> Starting Points Center |
| <input type="checkbox"/> Regulated Family Facility (7-12 children) | <input type="checkbox"/> Certified Home Care (1-6 children) |
| <input type="checkbox"/> Head Start/Early Head Start Program | <input type="checkbox"/> No Preference |

County in which you would like to be linked: _____

Are you interested in (check all that apply):

- receiving regular updates via a list serve?
 providing feedback on your experiences for evaluation and data collection?

Return to the Regional EPSDT HealthCheck Specialist in your area (see list) or mail to:

Office of Maternal Child and Family Health, 350 Capitol Street, Room 427, Charleston, WV 25306

FOR OFFICE USE ONLY

ID #: _____ County _____ Date of Match: _____

Early Childhood Program: _____



Early Childhood Health Project is supported in part by project H24 from the Maternal & Child Health Bureau (Title V, Social Security Act), Health Resources & Services Administration, Department of Health & Human Services and sponsored by the WV Department of Health of Human Resources, Office of Maternal, Child & Family Health and Social Services, and the WV Chapter of the American Academy of Pediatrics. For more information, contact the Office of Maternal Child and Family Health, 1-800-642-8522.