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

West Virginia Department of HEALTH

WV BIRTH TO THREE REFERRAL FORM

WV Birth to Three (WVBTT) is a statewide system that supports families of children under the age of three (3) who have or are at risk of having a delay in their development. WVBTT helps families to learn how to support their child's development. If you are a parent with concerns or if you know a child and family that may need assistance, please complete the form below.

☐ **I am making a parent referral.** ☐ **I am making a non-parent referral** **TODAY'S DATE:** _____

REQUIRED INFORMATION

CHILD'S LEGAL NAME

_____ _____ _____
First Name *MI* *Last Name, Suffix*

DOB: _____ COUNTY OF RESIDENCE: _____ GENDER: _____

PRIMARY CONTACT - *(the person that the child lives with)*

_____ _____ _____
First Name *MI* *Last Name, Suffix*

Relationship to child: _____ If "Other" Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Phone: _____ Best time to Call: _____ Availability: _____

Primary Contact Email: _____

Alternate Contact Name: _____ **Alternate Phone:** _____

What is the native language/mode of communication in the home? _____.

Is an interpreter needed for the family to access WV Birth to Three services? ☐ YES ☐ NO

Has this child/family been referred to or received services from WV Birth to Three before? ☐ YES ☐ NO ☐ Don't know

If YES, when _____

REASON FOR REFERRAL – *Why are you contacting WVBTT? What questions do you have about the child's development? How do you think that WVBTT can help? Does the child have a medical diagnosis? Please list.*

NON-PARENT REFERRAL

Has family been made aware that a referral has been made to WV Birth to Three? ☐ YES ☐ NO

Referring Individual's Name: _____

Relationship to child: _____ If "Other" Relationship: _____

Agency Name *(if applicable)*: _____ Agency Type: _____

Referring Individual's Agency Role: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Please use information found on Page 2 to complete the Drop-down information on this page.
Use information found on Page 3 to **MAIL** or send by **SECURED FAX** to the WV Birth to Three local regional office for the county you live in.

WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the Office of Maternal, Child and Family Health, Bureau for Public Health, and the West Virginia Department of Health.

Revised 2-4-2026

Please use the information below if you are completing the

WV Birth to Three Referral Form in writing.

DROP DOWN MENUS.

Gender

Male
Female
Ambiguous
Unknown

Primary & Alternative Contact Relationship to Child

Mother
Father
Brother
Sister
Half-Brother
Half-Sister
Stepmother
Stepfather
Stepbrother
Stepsister
Foster Mother
Foster Father
Grandfather
Grandmother
Uncle
Aunt
Guardian
Surrogate Parent
Friend/Acquaintance
Relative(s)
Other – Please identify

Best time to Call

Morning
Afternoon
Early Evening
Unknown

Referring Individual Relationship to Child

CPS Caseworker
Daycare Provider
Friend/Acquaintance
Physician-Other
Physician-Primary Care
Relative(s)
Other – please identify

Agency Type

Behavioral Health Agency
Birth Score Office
Birth to Three Program
Child Care
Child Protective Services (CPS) – CAPTA
Child Protective Services (CPS) Non-CAPTA
Children with Special Health Care Needs (CSHCN)
DHHR (other than CPS)
Early and Periodic Screening, Diagnostic, and Testing (ESPDT)
Foster Care Agency
HAPI
Health Department
Healthy Families
Help Me Grow
Hospice
Hospital Clinic
MCFH Special Needs Unit
Neonatal Intensive Care Unit (NICU)
Other
Out of State Agency
Parent as Teachers
Physician - Other
Physician – Primary Care
Right From the Start
Shelter for the homeless or abused
Women, Infants, and Children (WIC)

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Please MAIL or FAX your referral to the Regional Administrative Unit (RAU) in the county where the child lives, or you may fax it to the WVBTT State Office at 304-558-2183.

RAU I: Catholic Charities West Virginia
Brooke, Hancock, Marion, Marshall, Monongalia, Ohio, Tyler, Wetzel
2000 Main Street, Suite 222
Wheeling, WV 26003
Fax: (304) 214-5792

RAU II: The Arc of Mid-Ohio Valley
Calhoun, Doddridge, Gilmer, Harrison, Pleasants, Ritchie, Wirt, Wood
1917 Dudley Avenue
Parkersburg, WV 26101
Fax: (304) 865-2072

RAU III: River Valley Child Development
Clay, Jackson, Kanawha, Roane
1 Players Club Drive, Ste. 160
Charleston WV 25311
Fax: (304) 414-4461

RAU IV: River Valley Child Development
Boone, Cabell, Lincoln, Logan, Mason, Mingo, Putnam, Wayne
2021 5th Avenue, W
Huntington, WV 25704
Fax: (304) 523-5556

RAU V: MountainHeart Community Services
Barbour, Lewis, Preston, Randolph, Taylor, Tucker, Upshur
1200 Harrison Ave, Suite 220
Elkins, WV 26241
Fax: (304) 637-2845

RAU VI: MountainHeart Community Services
Braxton, Greenbrier, Monroe, Nicholas, Pocahontas, Summers, Webster
248 Red Oak Shopping Center
Ronceverte, WV 24970
Fax: (304) 647-5521

RAU VII: MountainHeart Community Services
Fayette, McDowell, Mercer, Raleigh, Wyoming
1411 North Walker Street
Princeton, WV 24740
Fax: (304) 425-7367

RAU VIII: Eastern Panhandle Instructional Cooperative – EPIC,
Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton
109 S. College Street
Martinsburg, WV 25401
Fax: (304) 267-3599