



Head Start Release Guidelines for GSRP

Referral Process:

- All GSRP families that are under the 100% FPL (in Quintile 1 or 2) must be referred to Head Start. **As stated in the GSRP Implementation Manual, GSRP enrollment is deferred while the referral to Head Start is completed (Recruitment and Enrollment page 3 of 7).**
- Families must be informed of the services that Head Start has to offer.
- In addition, Head Start will refer families over the 130% FPL to GSRP programs.
- The release Form must be faxed by the GSRP staff to:
 - Lapeer and surrounding areas: **810.245.0376**
 - Imlay City and surrounding areas: **810.245.0376**
 - Dryden and surrounding areas: **989.761.2066**
 - North Branch and surrounding areas: **989.761.2066**
- The release form will be reviewed and returned to GSRP after it has been signed. A copy will be kept at the Head Start office and in the child's file.
- Any questions regarding Head Start, please contact Jane Hoover (810.245.3934, ext. 2,2) or Carol Norum (989.761.2066).

Lapeer County Head Start Programs Release Form

Child's Name: _____ Parent/Guardian Name: _____
Birth Date: _____ Phone Number: (____) _____
Address: _____ Alternate Number: (____) _____
City & Zip: _____

I understand my child is eligible for _____ Head Start Program.
However, the program that best meets the needs of our family is _____
_____, due to the following reasons (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Zero Available Slots at Head Start |
| <input type="checkbox"/> Hours of Operation | <input type="checkbox"/> Location |
| <input type="checkbox"/> Family Schedule | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family History at Other Program | |

Parent/Guardian Signature _____ Date: _____

By signing, I agree this information may be shared with appropriate early childhood agencies.

I have discussed this family's eligibility for Head Start and the family services they provide. As indicated, the family chooses to be enrolled in _____. I release this child to that program.

Head Start Authorized Signature _____ Date: _____

Release sent to: _____ Date: _____*

*Fax or email Head Start that you have received this release and accept it.

Fax number:

Email address: