



TLC Building Healthy Relationships Program
a program of Holyoke/Chicopee/Springfield Head Start, Inc.

Referral Form

Please fax referrals to Stacy Fitzpatrick at (413) 382-7199

Date_____

Name _____

Address- Street _____

City, State, Zip _____

Date of Birth _____

Telephone Number: _____

Marital Status _____ Number of Children _____

Language spoken _____

Reason for Referral _____

Family and Social History: Domestic Violence___ Substance Use___ Incarceration___

Court/ Legal Involvement___ Other Trauma___ Other_____

Outside Agencies Involved: Department of Children and Families___ Mental Health Services___

Domestic Violence Services___ Other_____

Referred By_____

Title_____ Phone Number_____

Holyoke • Chicopee • Springfield Head Start, Inc. / TLC: Building Healthy Relationships Program
30 Madison Avenue Springfield, Massachusetts 01105
Phone (413) 788-6522
Fax (413) 788-6679





Eligibility Requirements

Please check all of the following that apply:

Family Size	Income	Family Size	Income
1	\$10,400	5	\$24,800
2	\$14,000	6	\$28,400
3	\$17,600	7	\$32,000
4	\$21,200	8	\$35,600

Each additional Family Member add \$3,600

_____ I fit within the HCS Head Start Federal Income Guidelines

_____ I have a child within the HCS Head Start Age Limits (0-5 years of age) within
the household

_____ I am currently pregnant

_____ I have a child currently enrolled in HCS Head Start

_____ I have a child currently on the wait list for HCS Head Start

Participant's Name

Date

Participant's Signature

TLC Staff Signature

