

Macomb County Referral Form for the Great Start Readiness Program to Head Start

		Birth Date:
(Print) Child's Last Name	First Name	
Print) Parent/Guardian's Last Name	F:4 NJ	Phone Number:
rrint) Farent/Guardian s Last Name	First Name	
Address:	City:	Zip:
Home School District:		Enrolling for School Year:
Child has a current IEP? IEP		
Have you previously applied for Head St	tart or been enrolled?	
		programs have a higher level of funding that may provide gram best meets the needs for our family due to the
Check all that apply:		
Zero Available Slots	Hours of Operation	
Transportation/Distance	Sibling Attends Same School	
Schedule (parent working/ in school)	Other: Explain	
Sibling was in Program		
Parent/Guardian Signature:		Date:
By signing I agree this information may be	shared with appropria	e early childhood agencies.
have discussed this family's eligibility for	r Head Start and the far	mily services they provide. As indicated,
he family chooses to be enrolled in GSRP	. (Type or print all in	formation below)
GSRP Location:	Ema	l:
Phone Number:	Contact Person	1:
School District of GSRP Program:		
He I have reviewed the above inf	ad Start Use Only Formation, and/or par	ent's documentation.
Head Start releases this child to be	e enrolled in GSRP	Child is enrolled in Head Start for 2024-25 school year
Head Start Renresentative Signature		Date



Referral Process:

- All Great Start Readiness Program (GSRP) families that are under the 100%FPL 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 4 of 7).
- Families must be informed of the services that Head Start has to offer.
- In addition, Head Start will refer families over the 100% FPL to GSRP programs.
- Families eligible for Head Start who wish to enroll in GSRP must complete a Release form and it must be emailed within 48 hours of the family applying to GSRP.
- The Release form must be emailed to MCAHeadStart@macombgov.org by the GSRP Program staff.
- The Release form will be returned to GSRP Program staff within two weeks via the email or fax (same way as it was received).
- If the Release form indicates a child is or has been enrolled in Head Start, Head Start will contact the family to determine which program better suits the family needs. The Release form will indicated which option the family has chosen.
- Questions: Call 586-469-5215 or email MCAHeadStart@macombgov.org