



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

\_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Print) Child's Last Name First Name

\_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Print) Parent/Guardian's Last Name First Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home School District: \_\_\_\_\_ Enrolling for School Year: \_\_\_\_\_

Have you previously applied for Head Start or been enrolled? \_\_\_\_\_

I understand my child may be eligible for Head Start and that Head Start programs have a higher level of funding that may provide more services to my child/family. However, the Great Start Readiness Program best meets the needs for our family due to the following reasons:

**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 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 GSRP. (Type or print all information below)

GSRP Location: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

School District of GSRP Program: \_\_\_\_\_

**Head Start Use Only**

I have reviewed the above information, and/or parent's documentation.

\_\_\_\_\_ Head Start releases this child to be enrolled in GSRP \_\_\_\_\_ Child is enrolled in Head Start for 2021-2022 school year

Head Start Representative 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](mailto:MCAHeadStart@macombgov.org) by the GSRP Program staff.
- The Release form will be returned to GSRP Program staff within two weeks via the email.
- 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](mailto:MCAHeadStart@macombgov.org)