## Program Overview

Early Childhood Initiative (ECI) is a voluntary home visiting program for expectant caregivers and families with young children. To enter our program, families must either be pregnant or have a child 2 and under in their care AND live in one of our service areas. For our North Side office, eligible families must live in the Lindbergh, Gompers, Mendota, or Lakeview Elementary areas. If you are unsure if you/the family you’re referring qualifies, please don’t hesitate to call one of our offices and ask! We’d be happy to help.

## Referral Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referral Source Name: | |  |  | Date: |  |
| Phone: | |  |  | Agency/Dept: |  |
| E-Mail Address: |  | |  |  |  |
| Did you talk with the family about the referral?  Yes, verbal agreement given  No | | | | | |

## Family Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caregiver Name: |  | | DOB: |  | |
| Caregiver Name: |  | | DOB: |  | |
| Address: |  | | | | |
| Primary Phone: |  | | | | |
| Secondary Phone or Email: |  | | | | |
| Languages Spoken: |  | Preferred language for visits: | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnant?** | No | Yes, due date: | |
| **Caring for a child under 24 months old?** | No | Yes, birthday:  Name(s) of child(ren): | Gender:  Race & Ethnicity: |

Are you/is the family enrolled in or on the waiting list for any of the following programs?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Yes (please indicate which below) | | | Does the child have insurance?  *(check all that apply)*  Badgercare/Medical Assistance  Commercial/Employer Sponsored Insurance  None |
| Welcome Baby? | | Enrolled | On waitlist |
| Early Head Start? | | Enrolled | On waitlist |
| Nurse-Family Partnership? | | Enrolled | On waitlist |
| **What support would the family like?** | | | | |