

**RECEIVED**

**By Virginia at 4:26 pm, Jul 21, 2021**

Maria send out your introduction letter, parent is Spanish speaking.



## Services Referral Form

Office Use Only:	
Date Received	_____
POS on SANDIS?	
Yes? _____	No? _____ Date _____
Appointment Scheduled?	

Referral Date: 07/21/21

REASON FOR REFERRAL (CHECK ALL THAT APPLY):

☐ Annual Conference    SSI    ☒ Early Start Services    ☐ Cal-Fresh Application

### REFERRAL SOURCE

Name: Isabel Mendez Agency: KRC

Phone Number: 661-725-2127 ext. 2411 Email: imendez@kernrc.org

### CLIENT'S INFORMATION

First: A Middle: \_\_\_\_\_ Last: M

D.O.B: 06/10/19 Age: 25 months Gender: (M/F) M

Diagnosis: developmental delays Ethnicity: Hispanic

### INFORMATION ABOUT RESPONSIBLE ADULT FOR CHILD (OR ADULT)

Name: Aurora Ruiz Relationship: mother Language: Spanish

Address: 1114 F A, Delano, CA 93215

Primary Phone Number: 661-229-6506 Email: AURORA.YASMEN@GMAIL.COM

You may scan and e-mail, fax, mail, or drop-off referral forms to our office:

For SSI and Cal-Fresh Application Referrals:

*\*Please scan and e-mail all forms to [m.flores@kernefc.org](mailto:m.flores@kernefc.org)*

Vendor #: PK6232/ Service Code: 100. 30 hours for 3 consecutive months

Cal-Fresh Application. 10 hours for 1 month (sub code CalF)

Or Drop off forms at our office

*\*NOTICE: Services cannot be provided if a POS is not approved.*

For Early Start Referrals

please scan and email forms to [v.gantong@kernefc.org](mailto:v.gantong@kernefc.org)

Fax: 661-873-4973 or drop-off referral forms at our office

Confidential Client Information

California Welfare & Institutions Code, Section 4514