

**ACKNOWLEDGEMENT OF REFERRAL**

***[Insert Referral Source name]***  
***[Insert Referral Source Address]***  
***[Insert Referral Source City, state, zip]***

RE: ***[Insert Child's name]***  
DOB: ***[Insert Child's DOB]***

DATE: ***[Insert Today's Date]***



Dear <<NAME>>,

Thank you for your recent referral of ***[Insert Child's name]*** to the First Steps program. The referral was received on ***[Insert Date of Referral]*** and has been assigned to a Service Coordinator. The Service Coordinator will contact the family within two business days to share information about First Steps. With the family's permission, the Service Coordinator will schedule a visit with them to share more information about the program and begin the eligibility determination process.

Please feel free to contact me at ***[Insert SPOE Phone Number]*** if you have questions or need additional information about the First Steps program. Parental consent is required to share specific information regarding this referral.

Thank you for the referral and your continued commitment to First Steps.

Sincerely,

<<***SPOE ADMIN NAME***>>  
SPOE Administrative Assistant