

NO CONTACT AFTER REFERRAL

[Insert Primary Contact Name]
[Insert Primary Contact Address]
[Insert Primary Contact City, State, Zip]

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

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

Dear ***[Insert Primary Contact First Name]***,



First Steps is Missouri's early intervention system that provides services to families with children, birth to three years of age, with disabilities or developmental delays. The program is designed to meet the needs of families related to enhancing their child's development, learning, and participation in family and community life.

I am a Service Coordinator with the Missouri First Steps program. I received a referral from ***[Insert Referral Source]*** for your child. I have enclosed a First Steps brochure and Parental Rights information for you to read.

I have tried to contact you but have been unsuccessful. I would like to discuss First Steps with you. If you would like to learn more about the First Steps program and/or determine if your child is eligible to receive services, please contact me as soon as possible at ***[Insert SC email]*** or ***<< SC PHONE NUMBER >>***.

At any time in the future you can contact the First Steps office for more information by calling toll-free at **1-866-583-2392**.

Sincerely,

[Insert SC name]
Service Coordinator

Enclosure: First Steps General Informing Brochure
Parental Rights Statement