

**RELEASE OF INFORMATION
FOR ELIGIBILITY DETERMINATION**

<<NAME>>
<<ADDRESS>>
<<CITY, STATE, ZIP>>

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

DATE: *[Insert Today's Date]*



Dear <<NAME>>,

[Insert Child's name] was referred to the First Steps program on *[Insert Date of Referral]*. 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.

We are currently in the process of determining eligibility for *[Insert Child's name]* and are in need of additional information.

Enclosed is a Release of Information for *[Insert Child's name]*. The health and developmental information that you provide will help in determining eligibility for the program. We appreciate your timely response to this request.

Please feel free to contact me at <<SC PHONE NUMBER>> with questions or for any additional information about First Steps.

Thank you for your assistance and your continued commitment to First Steps.

Sincerely,

[INSERT SC NAME]
Service Coordinator

Enclosure: Release of Information