



MIAMI DADE COUNTY (JJ)
COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START
TRANSITION REQUEST FORM

CHILD NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELLUAR #: \_\_\_\_\_

CENTER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

TEACHER: \_\_\_\_\_ CENTER DIRECTOR: \_\_\_\_\_

\*\*\*\*\*

TRANSITION REQUEST TO: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
(CENTERS NAME)

PROJECTED TRANSITION DATE: \_\_\_\_\_

INCOME STATUS:

\_\_\_ INCOME ELIGIBLE \_\_\_ OVER INCOME

DISABILITY STATUS:

\_\_\_ DISAGNOSED DISABILITY \_\_\_ SUSPECTED DISABILITY
\_\_\_ IDENTIFY ANY SPECIAL NEEDS \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

EHS SOCIAL WORKER SIGNATURE: \_\_\_\_\_

\*\*\*\*\*

HS SOCIAL WORKER FORWARDED TO: \_\_\_\_\_

CENTER DIRECTOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CENTER: \_\_\_\_\_

DATE: \_\_\_\_\_ FOLLOW-UP DATE: \_\_\_\_\_

NOTE: FOLDER AND A HSFIS DOWNLOAD ON A DISKETTE MUST BE
FORWARDED TO THE CENTER DIRECTOR WHEN THERE IS A
CONFIRMED VACANCY AT THE CENTER.

FORM DISTRIBUTION:

- \_\_\_ ORIGINAL TO RECEIVING CENTER
\_\_\_ COPY IN FOLDER
\_\_\_ PARENT COPY