



CT WIC and Head Start Collaboration Project



Referral Tracking Form

	Date of Referral	Payee Name	Family ID#	High Risk (Yes or No)	Shared Participant Specific Info w/HS	Was person enrolled	If the person was not enrolled, what was the reason?	Comments
1				YES or NO	YES or NO	YES or NO		
2				YES or NO	YES or NO	YES or NO		
3				YES or NO	YES or NO	YES or NO		
4				YES or NO	YES or NO	YES or NO		
5				YES or NO	YES or NO	YES or NO		
6				YES or NO	YES or NO	YES or NO		
7				YES or NO	YES or NO	YES or NO		
8				YES or NO	YES or NO	YES or NO		
9				YES or NO	YES or NO	YES or NO		
10				YES or NO	YES or NO	YES or NO		
11				YES or NO	YES or NO	YES or NO		
12				YES or NO	YES or NO	YES or NO		
13				YES or NO	YES or NO	YES or NO		
14				YES or NO	YES or NO	YES or NO		
15				YES or NO	YES or NO	YES or NO		