



## Potential Client Referral Card

### Personal Information

**Child's Name** \_\_\_\_\_  
*Last* *First* *Date of Birth*

**Parent/Guardian Name** \_\_\_\_\_  
*Last* *First*

**Address** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *ZIP Code*

**Home Phone** \_\_\_\_\_ **Cell/Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Is child in DCF custody?** \_\_\_\_\_ **DCF Worker Name** \_\_\_\_\_

**DCF Worker Phone** \_\_\_\_\_ **DCF Worker E-mail** \_\_\_\_\_

### Referring Agency Information

Title		Name	
Supervisor		Department	
Work Location		Email	
Work Phone		Cell Phone	

**How did you hear about CRT, Early Care and Education program?**

Flyer  Newspaper  Friend  Phone Call  Website  Other \_\_\_\_\_

Please complete this form and Mail to Community Renewal Team, ECE Enrollment office, 555 Windsor Street, Hartford, CT 06120 • Fax 860-560-5722 or email to [dolbenj@crtct.org](mailto:dolbenj@crtct.org)