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***North Carolina Infant-Toddler Program***

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| Date | |  | | | |
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| Dear | | , | | | |
|  | | | | | |
| Your child,      , DOB:     , was recently referred to the       by      . | | | | | |
|  | | | | | |
|  | I have been unable to reach you to talk about      ’s referral. I have been trying to reach you but have not heard back from you. The phone number I have for you is:      . The email address I have for you is:      . | | | | |
| **- OR -** | | | | | |
|  | We spoke recently regarding      ’s referral to our program and you indicated you are not interested in services at this time. | | | | |
|  | | | | | |
| Enclosed with this letter is a *Notification of Child and Family Rights*. This notice provides information about your rights regarding how the       ensures the confidentiality of your child’s personally identifiable information, and records collected, maintained, or used by the      . Your child’s referral information is kept confidential at the      . | | | | | |
|  | | | | | |
| In the future, if you have any questions or concerns about your child’s development, please call      . | | | | | |
|  | | | | | |
| Sincerely, | | | | | |
|  | | | |  |  |
| ,  Early Intervention Service Coordinator | | | |  |  |
| Phone: | | | Email: | | |

cc: referral source