



Parent/Guardian's Name
Street Address
Town, CT Zip

Dear _____,

Thank you for your recent referral to the Birth to Three System for:

Child: _____ DOB: _____

We have been trying to contact you because we do not have sufficient information to process this referral. Please call us with complete information at 1-800-505-7000. If we do not hear from you with complete referral information within two weeks of this letter, we will close the referral. Please know that you can re-refer a child any time if you have concerns.

Sincerely

Birth to Three Intake Staff