

HQEL Waitlist Sharing Protocol

Procedures for Sharing Waitlist Family Information

The _____ High Quality Early Learning (HQEL) Grant Program provides community partners with the attached document for them to share their waitlist families with our program. We contact the family once we receive a referral and have permission. We let them know about our program and the different slots/opportunities that are available. If they are interested, we will start the pre-registration process with the family.

If the _____ HQEL Program has no space available and has a waitlist, we ask families if they would like for us to share their contact information with the _____ program. If the family agrees, they are asked to fill out the attached form from the _____ program.

Referral From:

Name of agency/program: _____

Name of person referring: _____

Contact #: _____ Contact Email: _____

Referral To:

Name of program: _____

Contact person (if known): _____

Contact #: _____ Contact Email: _____

Family Information:

Parent/Guardian Name(s): _____

Contact #: _____ Contact Email: _____

Address (Street, City, Zip, State): _____

Family Authorization:

I give my permission for the above HQEL program to contact me for a phone/personal interview to determine if my child and family are age- and income-eligible for the HQEL program.

Parent/Guardian Signature: _____ Date: _____

Please scan and email this waitlist sharing form to:

HQEL Program Contact:

Email:

Phone Number:

Additional Information or Notes: