SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES **Healthy Connections** BABYNET	**TRANSITION REFERRAL** **EXAMPLE**
	☑ **New** ☐ **Update**

SECTION 1: DATE TRANSITION REFERRAL/CONFERENCE/EXIT FROM IDEA PART C		
Transition Referral Date: **December 7, 2020**	Transition Conference Due Date: **April 5, 2021**	Referral Received by IDEA/Part C: **June 19, 2020**
☐ Late Referral	☐ Early Part C Exit	

SECTION 2: CHILD AND PARENT INFORMATION		
Name of Child: **Jason Richards**	DOB: **07/06/2018**	BRIDGES ID: **353588**
Parent Name: **Sarah Richards**		
Address: **532 Bays View Road**		
City: **Pacelot**	State: **SC**	Zip Code: **29372**:
Primary Phone Contact: **(864) 202-2221**	E-Mail Address: **SRichards@freeemail.com**	

SECTION 3: PRESCHOOL SERVICE PROVIDER: ☐ LEA ☐ HEAD START ☐ CHILD CARE		
Name of LEA Preschool Coordinator or Contact for Different Placement: **Spartanburg District 3**		
Name of School District or Program: **Molly O'Dell, Coordinator of Exceptional Children**		
Address: **P.O. Box 267**		
City: **Glendale**	State: **SC**	Zip Code: **29346**
Phone Number: **(864) 279-6017**	Fax Number: **(864) 279-6061**	
E-Mail Address: **lberry@spartanburg3.org**		

SECTION 4: INTAKE COORDINATOR OR SERVICE COORDINATOR INFORMATION	
☐ Intake Coordinator ☑ Service Coordinator Name: **Mary Beth Lacey**	
Agency: **Happy Babies, LLC**	
Phone Number: **(864) 135-7111**	Fax Number: **(864) 135-7112**
E-Mail Address: **MBLacey@HBLLC.com**	

SECTION 5: CONSENTS AND SIGNATURES		
5A. Parent agrees to receive preschool services through the LEA:	☐ NO	☑ YES
5B. Parent agrees to take part in the Transition Conference:	☐ NO	☑ YES
5C. Consent obtained for information sharing with LEA or other placement:	☐ NO	☑ YES

If yes: ☐ consent and documents attached   ☑ consent and documents to be sent at a later date

Comments:

SIGNATURES REQUIRED IF 5A OR 5B ARE ANSWERED 'NO.'

Parent Signature	*Date*
Intake/Service Coordinator Signature	*Date*