



**PRESCHOOL OPEN DOORS  
SPECIAL POPULATIONS PRIORITY REFERRAL**

**A. Family/Child Information (To be completed by parent):**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Middle First Month Day Year  
Parent/Guardian Name: \_\_\_\_\_  
Last Middle First  
Mailing Address: \_\_\_\_\_  
No. & Street or P.O. Box City Zip Code  
Telephone Numbers: \_\_\_\_\_  
Home Work Other

**B. Special Populations category(ies) the child qualifies for (To be completed by referring professional):**

In order for a child to be determined as "Special Populations" Priority for Preschool Open Doors, **at least one section** must be completed by a professional providing services and/or familiar with the child and family, such as a pediatrician, public health nurse, social worker, counselor, therapist, Healthy Start representative, or Department of Health (DOH) Children's Team.

1. **"Special Needs"** – the child has a physical, developmental, behavioral, or an emotional health condition that is outside the normal range.

2. **"Environmental Risk"**

**must check ONE of the following conditions:**

- Parental age – less than 16 years
- Any existing physical, developmental, emotional, or psychiatric disability in a primary caretaker
- Abuse or any legal or illegal substance by a primary caretaker
- Child abuse and neglect of target child or sibling

**-OR-**

**must check TWO of the following conditions:**

- Single Parent
- Incarceration of a primary caretaker
- Birthweight: (Less than 5.5 lbs.)
- Parental age: 16-18 years and less than high school education
- Economically disadvantaged family (less than 100% Federal Poverty Income Guidelines for Hawaii)
- Presence of physical, developmental, emotional, or psychiatric disability in a sibling or other family member in home

3. **"Homeless"** – the child's family must be participating in or enrolling in a program for homeless services.

4. **"Limited English Proficiency (LEP)"**

The child and family or adults caring for the child must have limited English proficiency. Indicate the degree of proficiency.

Primary language(s) spoken at home: \_\_\_\_\_

Parent(s) English proficiency: Fair\_\_\_ Poor\_\_\_ None at All\_\_\_

Child's English proficiency: Fair\_\_\_ Poor\_\_\_ None at All\_\_\_

**C. Certification of Special Populations category(ies) the child qualifies for (To be completed by referring professional):**

Description of child's Special Populations needs (details of confidential family information may be omitted):

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I hereby certify that I am providing services and/or am familiar with the child and family, and in my professional capacity, I have determined that the child and family meet the above Special Populations category(ies) I have indicated.

Person making referral: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Preschool Open Doors staff only:

DHS Interpreter Services requested: \_\_\_ YES \_\_\_ NO DHS 5000 form Dated: \_\_\_\_\_ is attached.