

Early Childhood Services: A Directory of Resources for Children with Disabilities Additions or Changes Form

ORGANIZATION NAME (as listed in the directory)		
SERVICE CATEGORIES (check all that apply)		
<input type="checkbox"/> Local Early Intervention Contact <input type="checkbox"/> Child Care Resource and Referral <input type="checkbox"/> Crisis Nursery <input type="checkbox"/> Early Childhood Family Education (ECFE) (*) <input type="checkbox"/> Early Childhood Screening (*)	<input type="checkbox"/> Early Childhood Special Education (ECSE) (*) <input type="checkbox"/> Early Head Start <input type="checkbox"/> Family Support/Advocacy Organizations <input type="checkbox"/> Financial Resources	<input type="checkbox"/> Follow Along Program <input type="checkbox"/> Head Start <input type="checkbox"/> Human Services <input type="checkbox"/> Public Health <input type="checkbox"/> School Readiness (*) <input type="checkbox"/> WIC
SUGGESTED ADDITION/CHANGE (PLEASE PRINT)		
COUNTIES SERVED	SCHOOL DISTRICTS (NAME & NUMBER) SERVED (* only applies to school based services)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove _____	
Contact Information for the person submitting this form:		
NAME:	PHONE (include area code):	
EMAIL:		

PLEASE RETURN TO MCSHN BY:

Mail:
 Minnesota Children with Special Health Needs
 PO Box 64882
 St. Paul, MN 55164-0882

FAX: 651-201-3655

Email: mn-cshn@health.state.mn.us