



BCVDDP - BLIND CHILDREN'S PROGRAM: REFFERAL

Harlingen BCP
3625 W. Hwy 83, Harlingen, Texas 78552
Email: Leticia.kleypas@hhs.texas.gov
(cell) 956-264-2641

Date: _____

Child's Name: _____ Preferred Language: _____

DOB: _____ Sex: _____

Grade: _____ School: _____ District: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home address: _____

City: _____ Zip Code: _____ County: _____

Visual Diagnosis: _____

Other Disabilities: _____

Concerns/Needs: _____

Referred by: _____ Phone #: _____

Email: _____ District/School: _____

**Please attach a copy of the most recent Eye Report and ARD, FVE, or IFSP
(ECI)**

**Send referral information to the BCVDDP mailbox:
BlindChildrensProgram@hhs.texas.gov**