ELK AND CAMERON COUNTIES

**EARLY INTERVENTION REFERRAL FORM**

2070 Court Street, Ridgway, PA 15853

**Phone#** (814) 772-8016 or Fax**#** (814) 772-8337

Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

First Middle I. Last

Date of Birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ SS# \_\_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_\_ Medical Assistance Funding? Yes No MA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RACE** **ETHNICITY**

\_\_\_\_\_ White \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian /Pacific Islander \_\_\_ **CITIZENSHIP**

\_\_\_\_\_ Asian \_\_\_\_\_Unknown \_\_\_\_\_\_Other

\_\_\_\_\_US Citizen \_\_\_\_\_Other

Parents/Caregivers Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence: Cameron Elk

Parent Type: \_\_\_\_\_\_\_ (01-Parent, 02-Grandparent, 03-Guardian)

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

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to reach you: Telephone Text Other\_\_\_\_\_\_\_\_

Reason for referral/diagnosis:

Original Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A – Hospital/Post-Natal Facility J – Other Health Care Providers A – Low Birth Weight I – Sensory Status

B – Physicians K – CONNECT Direction Service B – NICU Care J – Physical Development

C – Parents/Family Members M – Other C – Affected by Illegal Substance K – Social or Emotional

D – Child Care Programs N – Family Center D – Substantiated Child Abuse/Neglect L – Environmental Issues

E – Local Education Agency (MAWA) O – Homeless Shelter E – Confirmed Elevated Lead Blood Levels M – Communications Mastery

F – Early Intervention Provider P – Head Start/Early Head Start F – General Developmental Check O – Newborn Hearing Screening/Audiologist

G – Public Health Facilities Q – Media/Public Awareness G – Medical Diagnosis or Conditions Z - Other

H – EPSDT Screening Facility R – CAPTA Referral H – Cognitive Development and Skill Acquisition

I – Other Social Service Agencies

I agree to share the above referral information with the Cameron/Elk Early Intervention Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Signature Date

6/2019