**EARLY INTERVENTION REFERRAL FORM**

**CHILD INFO**

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

**BIOLOGICAL NAME IF DIFFERENT THAN ABOVE**

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

ADOPTION RECORD ON FILE [CHOOSE ONE]: YES [ ]  NO [ ]  NOT APPLICABLE [ ]

SEX: M [ ]  F [ ]  DOB [MM/DD/YYYY]:      /       /

ETHNICITY/RACE:       CHOOSE ONE: HISPANIC [ ]  NON-HISPANIC [ ]

SCHOOL DISTRICT WHERE THE CHILD RESIDES MAJORITY OF THE TIME:

**PRIMARY PARENT/GUARDIAN CONTACT INFO**

NAME:

PARENT ADDRESS:

PARENT PHONE #:

PARENT EMAIL ADDRESS:

RELATIONSHIP TO CHILD IF NOT PARENT:

**SECOND PARENT/GUARDIAN CONTACT INFO IF APPLICABLE**

NAME:

PARENT ADDRESS:

PARENT PHONE #:

PARENT EMAIL ADDRESS:

RELATIONSHIP TO CHILD IF NOT PARENT:

**CHOOSE ONE IF APPLICABLE**

GUARDIAN [ ]  FOSTER HOME [ ]  KINSHIP HOME [ ]  CONFIDENTIAL ADDRESS\* [ ]

\*IF CONFIDENTIAL, LIST OCY CASE WORKER NAME, ADDRESS AND PHONE NUMBER BELOW:

IS THERE A CUSTODY COURT ORDER ON FILE [CHOOSE ONE]:

YES [ ]  NO [ ]  NOT APPLICABLE [ ]

DOES THE CHILD RECEIVE MEDICAL ASSISTANCE? YES [ ]  NO [ ]

IF YES, MA #       ***Must be completed if child receives MA***

DOES THE CHILD ATTEND PRE-K OR DAYCARE? YES [ ]  NO [ ]

NAME OF CURRENT PRESCHOOL/DAYCARE:

HOW LONG HAS CHILD BEEN ENROLLED THERE?

WHAT DAYS AND TIMES DOES THE CHILD ATTEND?

PLEASE DESCRIBE YOUR CONCERNS FOR THE CHILD:

NAME AND CONTACT INFO OF PERSON MAKING REFERRAL IF NOT A PARENT:

NAME:

ADDRESS:

PHONE #:

EMAIL ADDRESS:

RELATIONSHIP TO CHILD:

DATE COMPLETED MM/DD/YYYY:      /       /

HOW DID YOU HEAR ABOUT IU5 EARLY INTERVENTION?

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED ABOVE, ATTENTION EI OR EMAIL TO EIREFERRAL@IU5.ORG

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE EI REFERRAL LINE AT

814-734-8461 OR EMAIL US AT EIREFERRAL@IU5.ORG

Office use only - DATE FORM RECEIVED IN EI MM/DD/YYYY:      /       /

**Revised 7/19/23 LC**