## *North Carolina Infant-Toddler Program Referral Form*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **IDENTIFYING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Child’s Name: | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | |  | | | | | Date of Birth: | | | | | | |  | | | |
|  | | | | | | | | Last | | | | | | | | | | | | | | | | | |  | | | | | First | | | | | | | | |  | | | | Middle | | | | |  | | | | | | |  | | | |
| Sex:  Male  Female | | | | | | | | | | | | | | | | Age: | | | | |  | | | | | | Race: | | | | | |  | | | | | | | | | | | County of Residence: | | | | | | | | |  | | | | | | |
| 1. Parent’s Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Parent’s Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Mailing Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| City, State, Zip | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | City, State, Zip | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Home Phone Number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Home Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Work Phone Number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Work Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Cell Phone Number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Cell Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Email Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| With whom does the child live?  Both Parents  Father  Mother  Foster Family  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Name, if different from parents: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | |
|  | | | | | | | *Street* | | | | | | | | | | | | | | | | | | | | | | |  | | | *City* | | | | | | | | | | | | | | | |  | | *State* | | |  | | | *Zip* | | |
| County: | |  | | | | | | | | | | | | | | | | | | Home #: | | | |  | | | | | | | | | | | Work #: | | | |  | | | | | | | | | | | Cell #: | | |  | | | | | | |
| If child is in legal custody of someone other than the person with whom he/she lives, complete the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Legally Responsible Party: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | |
|  | | | | | *Street* | | | | | | | | | | | | | | | | | | | | | | | |  | | | *City* | | | | | | | | | | | | | | | | |  | | | *State* | | |  | | | | *Zip* |
| County: | | |  | | | | | | | | | | | | | | | | | Home #: | | | |  | | | | | | | | | | | Work #: | | | |  | | | | | | | | | | | Cell #: | | |  | | | | | | |
| Is a Surrogate Parent needed? | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Primary Person, Phone Number, and Time to Contact: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REFERRAL SOURCE AND CONCERNS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Person Making Referral: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency/Office for which Referring Person Works: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | |  | | | | |
|  | *Address:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | *Phone:* | | | | | | | |  | | *Fax:* | | | | |
| 1. Specific Concerns of Referring Person: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. If the referral is not from parents, has the referral been discussed with the child’s family?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Primary Language of Parent: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Of Child: | | | | | |  | | | | | | | | | | | | | | | | | |
| Interpreter Needed?  Yes  No If yes, for whom? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Translation needed?  Yes  No | | | | | | | | | | | | | |
| 1. Does child have a Case Manager?  Yes  No  Don’t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, indicate name and with what agency: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Directions to Home: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Completing Form: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | *(if other than CDSA staff)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | *Date* | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
| **For CDSA Use:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Referral Date: | | | |  | | | | | | | | | Name of CDSA Representative Accepting Referral: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| IFSP Due Date: | | | |  | | | | | | | | | Name of EISC & Date Assigned: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Transition Reminders: 135-day date: | | | | | | | | | | | | | | |  | | | | | | | | | | 90-day date: | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Confirmed Race/Ethnicity: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *Ethnic Origin (choose one):*  Non-Hispanic/Latino  Hispanic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *If Ethnic Origin is Hispanic, please choose one:*   Hispanic Cuban  Hispanic Mexican American  Hispanic/Other  Hispanic Puerto Rican | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *Race (choose as many as apply)*:  American Indian/Alaskan Native  Black or African American  Native Hawaiian/Other Pacific Islander  Asian  White | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |