

North Carolina Infant-Toddler Program Referral Form

IDENTIFYING INFORMATION

1. Child's Name: _____ Date of Birth: _____
Last First Middle

Sex: Male Female Age: _____ Race: _____ County of Residence: _____

2. 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

3. 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: _____

2. Specific Concerns of Referring Person: _____

3. 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

2. 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: _____ Date _____
(if other than CDSA staff)

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
2. *If Ethnic Origin is Hispanic, please choose one:*
 Hispanic Cuban Hispanic Mexican American Hispanic/Other Hispanic Puerto Rican
3. *Race (choose as many as apply):* American Indian/Alaskan Native Black or African American Native Hawaiian/Other Pacific Islander Asian White