

Alabama's Early Intervention System

Child Find Referral Form

To make a referral by phone: 1-800-543-3098

Mail to: ADRS/EI, 602 S. Lawrence St., Montgomery, AL 36104 or Fax to: Child Find Fax # (334) 293-7393

or send via email to: REHAB--Childfind@rehab.alabama.gov

For more info, please visit: <http://rehab.alabama.gov/individuals-and-families/early-intervention>

Please print clearly and complete all blanks - no stamps or labels

INFANT/TODDLER INFORMATION

1. SSN# (if available): _____ 2. Date of Birth: _____ 3. Sex: F M
4. Last Name: _____ First Name: _____ MI/Name: _____
5. Is your child of Hispanic or Latino origin? Y N 6. Child's Primary Race: _____
- * **If Primary Race is Two or More Races:** Hispanic/Latino American Indian/Alaska Native Asian
- (Mark appropriate boxes) Black/African American Hawaiian/Pacific Islander White
7. Home Language: _____ 8. Medicaid: Y N Medicaid # _____
9. Private Insurance: Y N 10. CHIP/All Kids Y N

CHILD RELATION INFORMATION

11. First Name: _____ Last Name: _____ MI: _____
12. Relation Type: _____ 13. Is this Primary relation? Y N 14. Is address same as child's? Y N
15. Mailing Address: _____
- City/State/Zip: _____ 16. County: _____
17. Physical Address (if different from above): _____
- City/State/Zip: _____ 18. County: _____
19. Primary contact #: () _____ 20. Alternate contact #: () _____
- Alternate contact #: () _____ Work Phone #: () _____ Ext #: _____
- Primary Contact Email address: _____

REFERRAL SOURCE INFORMATION

21. Person making referral: _____ 22. Referral Source: _____
23. County: _____ 24. Phone: _____ 25. Fax: _____
26. Reason for referral: _____
27. How family became aware of Child Find: _____ Additional Information: _____
- Refer to Service Coordinator/Caseload ID # (leave blank if unknown): _____
- Date Mailed/Faxed to Child Find: _____ Sender's Name/Phone #: _____

PHYSICIAN/CRNP USE ONLY

28. I certify that the child named above has a confirmed diagnosis of _____
29. Printed Name of Physician/CRNP: _____ 30. Phone #: _____
31. Signature of Physician/CRNP: _____ Today's date: _____

STATE OFFICE USE ONLY

- New Case ID#: _____ SS# or T#: _____
- Referral taken by: _____ Date taken: _____ Received by: phone email fax Processed by: _____ Official referral/entry date: _____
- ATTACHMENT: _____ Signed release of information