

KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

Referral Form

Parent/Child Contact Information

Child's Name: _____ Date of Birth: ____/____/____
Gender: Male Female Medicaid Card # _____
Hospital of Birth (If Known): _____ Gestational Age: _____ wks.
Child resides with (Circle): Parent Legal Guardian Foster Family
Name: _____
Address: _____
Home Phone: _____ Other Phone: _____
If family has no phone, contact person: _____ Relationship to child: _____
Phone: _____ Primary Language spoken in the home: _____
Is child currently being seen by a NICU Program? Yes No
If yes, location of NICU Program: _____
Doctor/Pediatrician: _____ Phone: _____ Fax: _____
Specialists: _____

Foster Parent Contact Information (if applicable)

Foster Parent(s): _____ Phone: _____
Foster Parent(s) Address: _____
How long has the child resided at this residence? _____ Surrogate/Advocate? Yes No
If yes, Name: _____ Phone: _____
Assigned DPP Caseworker: _____ Phone: _____
E-mail: _____ Case Open? Yes No CAPTA? Yes No
Legal Status of child:
 Parental custody, rights intact Foster care, biological rights intact Foster care, parent rights terminated
Other/Explain: _____

Referral Source Contact Information

Your Name (Required): _____ Date of Referral: ____/____/____
Is the family aware you are making the referral? Yes No
Agency Name: _____ Phone: _____
Your Address: _____ Fax: _____
Your e-mail: _____

Reason(s) for Referral to Early Intervention

Kentucky's Early Intervention System provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.

Please Check all suspected areas of developmental delay or concern that apply:

Behavior Cognitive Motor/Physical Social/Emotional Speech Language

(Describe): _____

Other (Describe): _____

Health Concerns (Describe): _____

Audiological Exam completed? Yes No
Name of Audiologist: _____
Diagnosed Condition expected to lead to developmental delay: _____
ICD- Code(s): _____



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