

REFERRAL to **CHILDLINK** - FAX 215 731-2180

260 S. Broad Street, 18th Fl. Philadelphia, PA 19102

CHILD _____ **M** __ **F** __ **Birthdate** _____

MA # _____ **SS #** _____

Parent/Guardian _____ Phone _____ Alt. Phone _____
(parent __, guardian __, foster parent __, surrogate parent __, other __)

Address _____ Zip Code _____

Primary Language _____ // *Check if interpreter is needed.*

CHECK ALL CONCERNS THAT APPLY: (If child is under 2, and was premature, how many weeks early was he/she? __)

- | | | |
|--|---|---|
| <input type="checkbox"/> Low birth weight | <input type="checkbox"/> Sensory status (vision __, hearing __, neurol. __) | <input type="checkbox"/> Medical diagnosis / condition concerns |
| <input type="checkbox"/> NICU care | <input type="checkbox"/> Social / emotional development | <input type="checkbox"/> Environmental / developmental concerns |
| <input type="checkbox"/> Confirmed abuse / neglect | <input type="checkbox"/> General developmental check | <input type="checkbox"/> Physical development concerns |
| <input type="checkbox"/> Elevated blood lead level (___) | <input type="checkbox"/> Communication / Speech | <input type="checkbox"/> Referral from / involvement of other social agencies |
| <input type="checkbox"/> Chemically dependent mother (pre-natal) | | <input type="checkbox"/> Cognitive development / skill acquisition |
| <input type="checkbox"/> Other (_____) | | |

REFERRAL COMMENTS (What concerns do you and the family have regarding this child's development?)

Send me MDE results Send a copy of supports/ services listed in child's IFSP (Individualized Family Service Plan)

CONSENTS Did parent/guardian give consent for the referring party to:

- Yes __ No __ Refer child to ChildLink and early intervention (EI) providers for early intervention services
 Yes __ No __ Release information to ChildLink and providers (assessments, evaluations, other health reports)

or specify other information: _____

Did parent/guardian give consent for ChildLink to release information to the referring party:

- Yes __ No __ Feedback about this referral
 Yes __ No __ Updates on child's progress, EI evaluations, Individualized Family Service Plans

Signature (Parent/Guardian): _____ Date _____

(or check if family gave their consent to you by phone _____ / _____)
your initials date

Is parent a foster parent? Y__ N__ N/A__ (if yes, always fill in social worker below)

Social Worker: _____ (foster care __ or DHS __) Phone: _____

Address: _____ Zip: _____

Person Making Referral: _____ Phone _____

(Agency)

(Agency Address)

(Zip Code)

Fax _____

Is family aware that ChildLink intake staff will be contacting them? Y__ N__

Best way to contact family is by: phone _ letter _ other _ Best time to call: _____

The information provided above is **CONFIDENTIAL** and will only be used to facilitate referrals for early intervention services.
 If you have additional questions, call ChildLink's Intake unit at (215) 731-2110.

Referral received by ChildLink ___/___/___

Tips: On Referring Young Children for Early Intervention Services

Early intervention (EI) services support young children (from birth up until school entry) who have developmental disabilities and delays, and their families. *ChildLink* serves as the “single point of entry” for EI services in Philadelphia, and provides service coordination for eligible and at-risk children. The following tips on making referrals address common questions.

What children should be referred for early intervention?

Children *with developmental delays greater than 25%* (with or without a diagnosis) **or** children *with health conditions* such as those listed below *that increase the risk of delay*, should be referred to determine the need for early intervention services.

- | | | | |
|---|---|---|---|
| ◇ | <i>hydrocephaly, microcephaly</i> | ◇ | <i>spina bifida</i> |
| ◇ | <i>Down syndrome</i> | ◇ | <i>cleft lip, cleft palate</i> |
| ◇ | <i>serious vision, hearing or speech problems</i> | ◇ | <i>pervasive developmental disorder, autism</i> |
| ◇ | <i>cerebral palsy</i> | ◇ | <i>failure to thrive</i> |

What happens once ChildLink receives a referral?

Within two days of receiving your referral for a child under age 3, *ChildLink* will contact the family by phone to complete registration information. For children ages 3-5, *ChildLink* will connect the family with Elwyn Philadelphia Pre-School Early Intervention. Elwyn will then contact the family to arrange for developmental assessment.

If *ChildLink* is unable to reach the family to complete registration, you will be called for additional information or assistance. *ChildLink* will make several attempts over a two week period to contact the family. If unsuccessful, they will close the file although you may re-initiate referral at any time.

Referral Outcomes- ChildLink will discuss possible next steps with the family (and contact you, if you sent in this form):

- * *ChildLink* will offer to have an EI service coordinator schedule a visit with the family, to discuss the child’s needs and the family’s concerns. The family may then decide to go forward with a play-based evaluation (MDE) for their child, or they may decide not to request an MDE at this time.
- * The family may decide not to request early intervention and service coordination at this time.
- * If this is a foster child, the child may be discharged pending receipt of initial consents for EI evaluation and services, or assignment of a surrogate parent. The child’s foster care or social worker may need to facilitate this process.

Next Steps Following an MDE:

- * If the MDE team (which always includes the family) finds the child **eligible for EI services**, the meeting will move directly into the development of an **Individualized Family Service Plan (IFSP)**. The service coordinator will follow up to make arrangements for services to begin within 2 weeks of developing the Plan.
- * There is an additional option that offers monitoring for children in **any of the following “at-risk categories”**:
.... low birth weight (1500 grams) lead poisoning (15 µg/dl) neonatal intensive care unit graduate known to have been abused or neglected born to a chemically dependent mother.

The family may request * **EI monitoring** if the child is **not eligible** for EI services, **or if a child is eligible** but the family **has chosen not to request EI** at this time.

(*EI monitoring - periodic follow-up visits for play-based assessments with child & family)

Things to remember in making this referral

- **Discuss the EI referral with the family.** Share with them the next steps, time frames and possible EI referral outcomes that are described above.
- **Inform *ChildLink* about other medical or developmental assessments** (speech, PT, OT, EPSDT or other screenings, neurologicals, feeding evaluations, etc.) that are available.
 - *Assessments that were done within the past six months can be incorporated into the EI multi-disciplinary evaluation (MDE) to avoid any duplication of evaluation efforts from multiple resources.
 - *Specify the type(s) of reports available, *on the front of this form (anywhere or in the blank line in the parent consent section)*. If they are your reports, please send with this referral or, with the family’s permission, *ChildLink* will request a copy of reports from other sources. For others’ reports, include source of report and a phone contact (parent, clinic, etc.) if known.
- **You, or the family, may contact *ChildLink* with additional information or concerns and may refer again to *ChildLink* at any time** to request an initial EI service coordination visit and evaluation.
- **Use this referral form.** It helps *ChildLink* know how to get in touch with you to let you know the outcome of your referral.