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INFANT-PARENT COURT AFFILIATED INTERVENTION PROJECT OF THE EARLY CHILDHOOD CENTER

REFERRAL FORM

Referral Criteria:

- Child must be under 3 years old at the time of referral
- The permanency goal must be reunification
- The referred parent must be a respondent on the case
- No order of protection between the referred parent and referred child/foster parent
- Both the parent and referred child should reside in the Bronx or upper Manhattan

Please remember to:

- Attach ACS petition
- Attach relevant parent and child psychological, educational and other information
- Call to confirm receipt of referral
- Please note, submission of referral does not confirm acceptance into treatment.
- **Please complete all sections and fax to (347) 918-8614**

Referral Source Information

Date of referral: _____

Name of Referral Source: _____

Telephone number: _____ Fax number: _____

This referral was **requested** by a Judge: ☐ Yes ☐ No

This referral is made by a:

- ☐ Foster Care Agency Caseworker
☐ ACS Caseworker
☐ ACS Attorney

- ☐ Child's Attorney
☐ Parent's Attorney
☐ Other, Please describe: _____

Docket Number: _____ Date that petition was filed: _____

Type of Petition: ☐ Abuse ☐ Neglect

Stage of Proceeding: ☐ Pre-Fact Finding ☐ Fact-Finding ☐ Pre-Dispo ☐ Post-Dispo

Permanency Goal is reunification? ☐ Yes ☐ No

Family Court Judge: _____

Next Court Date, Purpose and Location: _____

Referred Parent Information

Referred Parent: _____

Referred Parent DOB: ____/____/____

Has referred parent undergone a mental health evaluation? ☐ Yes ☐ No (If yes, please attach)

Referred Parent's Dominant Language: ☐ English ☐ Spanish ☐ Other: _____

Referred Parent Ethnicity: _____

Referred Parent Address: _____

Referred Parent Contact numbers: _____ or _____

Child Information

Name: _____

DOB: ____/____/____

Child's Race/Ethnicity: _____

Child's Dominant Language: ☐ English ☐ Spanish ☐ Other: _____

Has child been referred to Early Intervention (for ages 0- 3)? ☐ Yes ☐ No

Was the child subsequently referred for Early Intervention services? ☐ Yes ☐ No

Has the child been referred to the Committee on Preschool Special Education (3-5)?
☐ Yes ☐ No

Are there any developmental or other special needs concerns? _____

Child's Primary Caregiver's Name: _____

Child's Primary Caregiver's Race/Ethnicity: _____

Primary Caregiver's Dominant Language: ☐ English ☐ Spanish ☐ Other: _____

If child's primary caregiver is not referred parent, please check their relationship to the child:

☐ Biological Mother ☐ Kinship Foster Parent ☐ Legal Guardian
☐ Biological Father ☐ Non-Kinship Foster Parent

Address of Primary Caregiver: _____

Contact Numbers: _____ or _____

If the child is in the care of a kinship/non-kinship parent, how long has the child been in foster care? _____

If the child is not in the care of the referred parent, what is the structure of visitation?

Parent's Attorney: _____
Contact Numbers: _____ **or** _____
Email: _____
Fax: _____

Child's Attorney: _____
Contact Numbers: _____
Email: _____
Fax: _____

ACS Attorney: _____
Contact Numbers: _____
Email: _____
Fax: _____

ACS caseworker: _____
Contact Numbers: _____
Email: _____
Fax: _____

Foster care agency caseworker: _____
Foster care agency: _____
Contact Numbers: _____
Email: _____
Fax: _____

Presenting Concerns: Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Physical abuse by referred parent | <input type="checkbox"/> Physical abuse by another parent |
| <input type="checkbox"/> Sexual abuse by referred parent | <input type="checkbox"/> Sexual abuse by another parent |
| <input type="checkbox"/> Domestic violence by referred parent | <input type="checkbox"/> Domestic violence by another parent |
| <input type="checkbox"/> Substance abuse by referred parent | <input type="checkbox"/> Substance abuse by another parent |
| <input type="checkbox"/> Mental health issues of referred parent | <input type="checkbox"/> Mental health issues of another parent |
| <input type="checkbox"/> Cognitive limitations of referred parent | <input type="checkbox"/> Cognitive limitations of another parent |

Significant Background Information (i.e.- current services, compliance, prior ACS involvement):
