

North Carolina Infant-Toddler Program Referral Form**Part I: 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: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

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. Best 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:

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 N/A**ADDITIONAL INFORMATION:**

1. Primary Language of Parent: _____ Of Child: _____

Interpreter Needed? Yes No If yes, for whom? _____ Translation needed? Yes No2. Does child have a Service Coordinator/Case Manager? Yes No Don't know

If yes, indicate name and with what agency: _____

Directions to Home: _____

Person Completing Part I: _____
*(if other than CDSA staff) Date***For CDSA Use:**

Referral Date: _____ Name of CDSA Representative Accepting Referral: _____

IFSP Due Date: _____ Name of EISC & Date Assigned: _____

ID #:

North Carolina Infant-Toddler Program Referral Form

Child's Name: _____ Date of Birth: _____

Part II: ELIGIBILITY DETERMINATION

Date of Eligibility Determination: _____ Eligible: Yes No (if yes, check category below)

Category: Developmental Delay Established Conditions (specify) _____

Signatures: *(Signatures of at least two CDSA staff members are required for eligibility determination)*

Date

Date

(additional CDSA staff signature if applicable) _____
Date

(additional CDSA staff signature if applicable) _____
Date

Purpose: Completion of this form occurs at the time of referral and is required to document a referral to the Infant-Toddler Program. Part I can be completed by a referral source outside of the CDSA and forwarded to the CDSA, or it can be completed by a CDSA staff representative. CDSA staff only may complete Part II.

Part I – To gather identifying information and required referral information for a child at the time of referral to the Infant Toddler Program.

Part II – To document the eligibility determination decision with required CDSA staff signatures.

Instructions: In Part I, enter the requested information. In the event that a question does not apply or there is no answer to a question, leave the blank empty. Make all attempts to answer as completely as possible. At minimum, the referral source must provide the child's name, date of birth, parent's name and contact information. Information that is unknown at the point of referral can be completed during initial contacts with the family.

CDSA staff complete the "For CDSA Use" box, by entering the name of the CDSA representative accepting the referral, the referral date, the IFSP due date, the name of the assigned EISC, and the assignment date.

In Part II, enter the date of eligibility determination and check box indicating whether the child is or is not eligible. Check the category of eligibility. If the category is Established Conditions, specify the condition. At least two CDSA staff members must sign this form for eligibility determination. Additional CDSA staff members may sign if they participated in the eligibility determination decision.

File the form in the child's Infant-Toddler Program record.

Disposition: Infant-Toddler Program records, including financial and automated information, must be maintained for a minimum of five years following the child's twenty-first birthday. Records must be archived in accordance with state requirements to ensure their preservation for the required length of time.