Early Intervention Colorado Referral and Release Form

For Infants and Toddlers- Birth through Two Years of Age Who May Need Early Intervention Services

Referral Information

Community Centered Board: ______________________ **Fax:** ______________________

Child's Name: ______________________ ☐ Boy ☐ Girl DOB: ______________________

Parent(s)/Legal Guardian: ______________________ Phone: ______________________

Family's Address: ______________________ County: ______________________

Family's E-mail: ______________________ Alt Phone: ______________________

Primary Language Spoken by Parent(s)/Legal Guardian/Foster Parents: ☐ English ☐ Spanish ☐ Other ______________________

Primary Care Physician (PCP): ______________________ PCP E-mail: ______________ Phone: ______________

DHS REFERRALS ONLY CAPTA? ☐ YES ☐ NO

Legal Status of child:
☐ Biological parent custody, rights intact ☐ Foster/Kinship care, biological rights intact ☐ Foster/Kinship care, parent rights terminated

Foster/Kinship Parent(s) (if applicable): ______________________ **Phone:** ______________

Foster/Kinship Parent(s) Address: ______________________ County: ______________

How long has child resided at this residence? ______________ Surrogate/ Advocate/ Guardian ad Litem? ☐ YES ☐ NO

If yes, Name: ______________________ Phone: ______________

Assigned DSS Caseworker: ______________________ Phone: ______________

E-mail: ______________________ Case open? ☐ YES ☐ NO

Guardian ad Litem (GAL) Name: ______________________ Phone: ______________

GAL E-mail: ______________________ Educational Decision-making authority? ☐ YES ☐ NO

Referring Practice/Agency: ______________________ Referring Person: ______________

Referring Person Phone: ______________________ Referring Person Fax: ______________

Referring Person E-mail: ______________________

Are you a Qualified Health Professional? *(See referral source guide for list)* ☐ YES ☐ NO If yes, Discipline: ______________

Person to send referral status update to; if different: ______________ Fax, if different: ______________

Has a developmental screening been completed for this child? ☐ YES ☐ NO **If *yes, send the screening results with the referral.***

Please check and complete one of the following boxes (**A** or **B**):

A. ☐ **This child has been diagnosed with the following physical or mental condition(s) known to have a high probability of resulting in significant delays in development (*even if no delays are apparent at this time*):**

____

(See the Established Condition Database located at www.eicolorado.org for a complete list of qualifying diagnoses.)

B. ☐ **There are concerns for possible delays in development in the following area(s):** ______________________

Signed:______________________ (referring person) Date of Referral: ______________________

Authorization to Release Information (optional)

I authorize the Community Centered Board Early Intervention Colorado Program to share the following information with the referring practice/agency listed above.

- ☐ Eligibility outcome information (eligible/not eligible)
- ☐ Evaluation/Assessment results (range of delay for each developmental domain)
- ☐ Ongoing Early Intervention Services included on the Individualized Family Service Plan for the purpose of care coordination.

I understand that I may withdraw this consent by written request to the Community Centered Board Early Intervention Colorado Program. If consent is revoked it does not apply to any actions that occurred before consent was revoked.

I certify that this authorization to release this information has been given freely and voluntarily. Information collected related to early intervention services may not be shared unless the person who consented to sharing this information specifically consents to it and or the sharing this information is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

Signed:______________________ Date: ______________________
(child's parent or legal guardian)

*Authorization is effective for a period of 12 months from this date