

343 Waller Ave. Suite
201 Lexington, KY 40504

Phone: 1-800-454-2764
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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: _____

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

First Steps, 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): _____

