



Illinois Early Intervention Program Referral Fax Back Form

PART 1 of 2

Complete Part I upon contacting the family, or when a family cannot be contacted in a timely matter. If the parent/guardian consented to the release of information in Section 6 of the Standardized Illinois Early Intervention Referral Form to the primary care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 1 of the Referral Fax Back Form to the primary care provider and/or the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to either the primary care provider (PCP) or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: ____/____/____

Child's Name: _____ DOB: ____/____/____

Parent/Guardian Name: _____

Date Referral Received: ____/____/____

This child was referred to our Child and Family Connections (CFC) office. The following is the status of that referral:

The family was contacted on (date): ____/____/____

A Service Coordinator has been assigned to the family:

Name: _____

CFC # / Location: ____ / _____

Phone Number: ____ - ____ - _____ Fax Number: ____ - ____ - _____

E-Mail: _____

Repeated attempts have been made to contact this family - we were unable to establish contact.

Date final contact attempt made: ____/____/____

Please let us know if the family is still interested in having an evaluation for their child.

The family has been contacted and requests that you contact them directly for results.

Date request made by family: ____/____/____

The family has declined services at this time.

Date service declined: ____/____/____

Additional comments:

Illinois Early Intervention Program
Referral Fax Back Form

PART 2 of 2

To be completed after eligibility is determined and the Individualized Family Service Plan (IFSP) is completed to inform the primary care provider about Early Intervention eligibility, other referrals provided and other Early Intervention service recommended, if eligible.

Note: If the parent/guardian consented to the release of information in Section 6 of the Standardized Illinois Early Intervention Referral Form to the primary care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 2 of the Referral Fax Back form to the primary care provider and/or the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to either the PCP or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: ____/____/____

Child's Name: _____ DOB: ____/____/____

Parent/Guardian Name: _____

1. The family has been contacted and the following has occurred:
 - The child has been evaluated and found to be **not eligible** for services at this time (Skip to #4).
 - The child has been evaluated and found to be **eligible** for services based on the following:
 - 30% or greater developmental delay
 - Qualifying Diagnosis of: _____
 - Other: _____

2. The child and family have been recommended to receive the following Early Intervention services:
 - Developmental Therapy
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Social Work/Counseling
 - Other: _____
 - Notes: _____

3. An IFSP was/will be developed for the child and family. The IFSP Summary Report will be released to the provider identified in Section 6, Authorization to Release Information, in the Standardized Illinois Early Intervention Referral Form (a full copy of the plan may be obtained through the contact listed in Part I).

4. The child and family received referrals to the following non-EI services: _____

5. The evaluation/assessment and service planning process have not been completed because:

Additional comments: