

INTERVIEW

PART A: REFERRAL

Fax: 309-575-3007

**EARLY INTERVENTION SERVICES****CHILD & FAMILY CONNECTIONS**

309-575-3242

EI Number: \_\_\_\_\_

Child &amp; Family Connections #13

LSA Number: 21

**I. CHILD'S INFORMATION**

<b>Name:</b> _____			<b>Social Security #</b> _____		
_____ Last	_____ First	_____ M	<b>Receiving SSI:</b> _____ Yes _____ No _____ Pending		
_____			<b>Medical Elig:</b> _____ Yes _____ No _____ Pending		
<b>Address:</b> _____			<b>IDPA Recipient #:</b> _____		
_____			US Citizen?		
_____			Child	Yes	No
City _____ State _____ Zip _____			Parent	Yes	No
<b>County:</b> _____			Resident?		
_____			Child	Yes	No
<b>Date of Birth:</b> _____			Parent	Yes	No
<b>Gender:</b> _____ Male _____ Female			<b>Primary Care Physician</b> _____		
<b>Language/mode of communication:</b> _____			_____		
<b>Race:</b> _____			_____		
<b>Living Arrangements:</b> with parent			_____		

**II. REFERRAL SOURCE**

<b>Name/Agency:</b> _____			<b>Referral Source</b>		
_____			_____ Ed. Agency _____ Physician		
<b>Address:</b> _____			_____ Hosp. Diag. Prog _____ Parent/Relative		
_____			_____ Health Nurse _____ Social Service		
City _____ State _____ Zip _____			_____ Other _____ LIC		
<b>Telephone Number:</b> _____			<b>Type of Referral</b>		
_____			_____ Written _____ Verbal/Telephone		
<b>Reason for Referral:</b> _____			<b>Family has been informed of the referral</b>		
_____			_____ Yes _____ No		
_____			_____		

**III. PRIMARY CONTACT FOR SCHEDULING APPTS.**

<b>Name:</b> _____			<b>Relationship to Child:</b> mother		
<b>Address:</b> _____			<b>Language:</b> English		
_____			<b>Legally Responsible:</b> _____ Yes _____ No		
<b>Home Phone:</b> _____			<b>Financially Responsible:</b> _____ Yes _____ No		
<b>Work Phone:</b> _____			<b>Social Security #:</b> _____		
<b>Referral Completed By:</b> _____			<b>Date of Referral:</b> _____		
_____			_____		
<b>Service Coordinator:</b> _____			<b>IFSP Due:</b> _____		