Alabama's Early Intervention System

Child Find Referral Form

To make a referral by phone: 1-800-543-3098 Mail to: ADRS/EI, 602 S. Lawrence St., Montgomery, AL 36104
Or Fax # (334) 293-7393 or send via secure email to: REHAB--Childfind@rehab.alabama.gov
For more info, please visit: http://rehab.alabama.gov/individuals-and-families/early-intervention
*indicates required information (referral cannot be accepted without)

Infant/Toddler Information:

1. *First Name:_____ 2. Middle Name/Initial:_____ 3. *Last Name: _____

4. Preferred Name:_____ 5. SSN:_____ 6. *DOB:_____ 7. *Sex: M__ F__

8: *Is child of Hispanic or Latino origin?: Y__N__ 9. *Child's Primary Race: _____

If the primary race is 2 or more races, please mark appropriate boxes: American Indian/Alaska Native __ Asian__
Black/African American__Hawaiian/Pacific Islander__ Hispanic/Latino__ White/Caucasian __

10. *Primary Home Language:_____Other Language(s) spoken in home: _____

11. Medicaid: Y__N__ Medicaid #:_____ 12. Insurance: Y__ N__ CHIP/All Kids: Y__N__

13. *Reason for Referral: _____

Parent/Caregiver/Guardian (the person whom child lives with):

14. *First Name:_____ 15. Last Name: _____ 16. Preferred Name: _____

17. *Relationship to child:_____ 18 Mailing Address : Street:_____

City/State/Zip:_____19.*County: _____

20. Physical Address (if different from above): _____

City/State/Zip:_____ 21. County: _____

22. Primary Contact Phone #:_____Alternate #: _____

2nd Alternate #:_____ Work #:_____

Primary Email Address: _____

Referral Source Information (who is making the referral to AEIS?):

23. *Person Making Referral's Name: _____

24.*Office/Program Where Person Making Referral Works or Relationship to Child: _____

25. *County Where Referral Source is Located:_____26. *Phone: _____

27. FAX:_____ 28. Email address: _____

29. *How family became aware of Child Find?_____Additional information: _____

Refer to Service Coordinator/Caseload ID# (leave blank if unknown): _____

Date Sent to Child Find:_____Sender's Name/Phone #: _____

Physician/CRNP Use Only:

30. I certify that the child named above has a confirmed diagnosis of _____

31. Printed Name of Physician/CRNP:_____ 32. Phone #: _____

33. Signature of Physician/CRNP:_____34. Date:_____

State Office Use Only:

New Case ID#:_____SSN or T#: _____

Referral taken by:_____Date taken:_____Rec'd by: phone__email__fax__ Processed by:_____Entry date: _____

☐ Attachment?_____ ☐ Signed ROI?

Revised 09/2021

Alabama's Early Intervention System (AEIS) – Child Find Referral Info Sheet

Please enter all available information. However, the information denoted by an asterisk is required. We cannot accept referrals that do not have all of the required information. If you have any questions about completing the Child Find Referral, please do not hesitate to contact someone at Child Find. You will find Child Find contact info at the top of the Child Find Referral form.

#1-3 The child's legal name (as found on medical records/Medicaid or Insurance)
#4. The name the family prefers the child to be addressed by.
#5. Provide the SS# if available. However, if the number is unavailable or the parents/caregivers do not choose to share it, we can assign a pseudo number to process the referral.
#8. Answer either yes or no. We cannot process the referral without this information.
#9. Enter the primary race that the family identifies. If the child is of multiple races, check all boxes that apply.

American Indian or Alaska Native – A person having origins in any of the original peoples of Northand South America (including Central America) and who maintains tribal affiliation or communityattachment. (Does not include persons of Hispanic/Latino ethnicity)

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan,the Philippine Islands, Thailand, and Vietnam. (Does not include persons of Hispanic/Latino ethnicity)

Black or African American – A person having origins in any of the Black racial groups of Africa. (Does not include persons of Hispanic/Latino ethnicity)

Hispanic or Latino - A person Cuban, Mexican, Puerto Rican, South or Central American, or otherSpanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Does not include persons of Hispanic/Latino ethnicity)

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.(Does not include persons of Hispanic/Latino ethnicity)

Two or More Races – A person having origins in two or more of the six Race categories listed immediatelyabove. (Does not include persons of Hispanic/Latino ethnicity)

#10. If the family is multi-lingual and English is one of the languages spoken, please enter English. If English is notspoken in the home, please enter the language spoken so that an interpreter can be obtained, if needed.
#11. Not required, but please enter if available.
#13. What concerns are there concerning this child's development?
#14-15. Enter the first and last name of the primary caregiver with which the child lives.
#16. Does the parent/caregiver/guardian have a name other than the one in #14 they'd prefer to be addressed by?
#17. How is this person that the child lives with related to the child? (mother, father, aunt, foster parent, etc.) Wecannot accept referrals that list a DHR Caseworker as the primary guardian unless the child lives with that person.
#18. Enter the address where mailed correspondence for this child should be sent.
#20. Where does the family live (if different from mailing address)? This information determines which program will serve the child/family.
#22. Provide all available contact information for the family.
#23. The name of the person making this referral.
#24. The organization in which the person making the referral is affiliated or a description of who that person is (for example, Children's Hospital, ABC Therapy Company, DPS, grandfather).
#25-28. Demographic and contact information for the referral source.
#29. Who told the family about Early Intervention?
#30-34. This section can only be completed by a physician or nurse practitioner who is making the referral. To expedite eligibility determination, a physician/nurse practitioner can provide documentation of any diagnoses thechild may have. We must have the physician/nurse practitioner's name and signature along with the diagnosis.