easterseals Rio Grande Valley

Early Childhood Intervention | TEXAS Health and Human Services

# REFERRAL

Easterseals McAllen Office 956-631-9171 • Easterseals Harlingen Office 956-423-9171
Fax 956-291-7600

Referral taken by: ______________________________ Date: ______________________

How did you hear about the ECI program? ______________________________________________

**Child's Name:** ______________________________________ **DOB:** _______________

**Birth weight if child is under one year of age**: _________________________________

**Parent's Name:** ____________________________________ **Phone:** _______________

**Area of Concern:** ______________________________________________________________

______________________________________________________________________________

Language Preference: English: _______________ Spanish: _________________

Mailing Address: ____________________________________ City: __________________

**Physical Address**: __________________________________ City: __________________

Directions:

Best time to call: __________________________________________________________

Message Contact: ____________________________________ Phone No: _______________

**Referred by:** ______________________________________ Phone No: _______________

If referred by CPS, who has custody of child/ able to provide consent? ___________________________

Are Services court ordered? Yes: __________ No: _____________

**Are Parents aware that this referral is being made to ECI?** ______________

**Family Physician:**_____________________________________________ Phone: ____________

Are services being provided at any other agency? If yes, where? _______________________________

______________________________________________________________________________

Medicaid: Yes: ____ No: _____ Medicaid Number: ________________________ Enroll Date: ______________

CHIPS: Yes: _____ No: _____ CHIPS Number: ____________________________

Insurance: Yes: _____ No: _____

Additional Information:

______________________________________________________________________________

**IFSP to be held no later than 45 days:_____Case Assigned to:_________________**

**Case issued on:________** Referral date to Part B:

Revised 07/2020