



KING COUNTY EARLY SUPPORT FOR INFANTS & TODDLERS REFERRAL FORM			
<p>Anyone can make a referral, <u>including parents</u>! A diagnosis is not necessary for a referral.</p> <p>Referrals may be sent to any one below to start the process.</p> <p><input type="checkbox"/> Anywhere in King County</p> <p style="margin-left: 20px;"><input type="checkbox"/> Any child/family: Direct ESIT Phone Line 206-204-3536 OR eFAX 206-299-9146 OR email ESIT@kingcounty.gov</p> <p><input type="checkbox"/> OR Specific Provider Check map for provider areas: King County ESIT Provider Map Tool</p>			
PARENT/CHILD CONTACT INFORMATION			
CHILD NAME: Last, First MI		DATE OF BIRTH:	CHILD AGE (months):
GENDER: Choose an item.	HOME ADDRESS:		
CITY/ZIP CODE		SCHOOL DISTRICT (IF KNOWN): Choose an item.	
PARENT/GUARDIAN NAME(S):			RELATIONSHIP TO CHILD:
PREFERRED LANGUAGE	NEED INTERPRETER? Choose an item.	INTERPRETER LANGUAGE?	NEED DOCUMENTS TRANSLATED? Choose an item.
PARENT PHONE NUMBER: Choose Phone Type		PARENT EMAIL ADDRESS:	
CHILD RACE: Choose an item.		CHILD ETHNICITY Choose an item.	
<p><i>Please check all that apply. Screening is not required, but if Ages and Stages Questionnaire or other tool has been completed, please attach. Available documentation may help families access services faster.</i></p>			
<p><input type="checkbox"/> A confirmed diagnosis with a high probability of developmental delay will automatically qualify a child for ESIT (examples include: esit diagnosis list (wa.gov))</p> <p>Please include any diagnoses here:</p>			
<p><input type="checkbox"/> Possible concerns or delay in development. Please check any areas of concern:</p> <p><input type="checkbox"/> Adaptive/Self Help <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Communication <input type="checkbox"/> Motor/Physical</p> <p><input type="checkbox"/> Social-Emotional <input type="checkbox"/> Feeding/Nutrition <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other Concerns (please describe): Click or tap here to enter text.</p>			
<p>Please check if any of the following apply related to pre-term birth, NICU or hospital stay:</p> <p><input type="checkbox"/> Currently in NICU <input type="checkbox"/> Currently in Hospital</p> <p>Birth Weight: Gestational Age: .</p> <p>Anticipated discharge date: Click or tap to enter a date.</p> <p>Time spent in NICU or Hospital:</p> <p>Date Discharged:</p>			

REFERRAL SOURCE CONTACT INFORMATION- when someone other than parent is making referral	
Person Making Referral:	
Role:	Date of Referral: Click or tap to enter a date.
Organization:	
Phone:	Fax:
Email:	
I am referring the child above for an evaluation to determine eligibility for ESIT service.	
<input type="checkbox"/> Urgent Referral <input type="checkbox"/> Please Call Referrer	
As a Referral Source I am requesting the following information be shared back, with the parent's permission (check all that apply): <input type="checkbox"/> Agency and Family Resource Coordinator Assigned <input type="checkbox"/> Developmental Evaluation Results <input type="checkbox"/> Services Provided to Child/Family, if Eligible <input type="checkbox"/> Changes in Services Being Provided <input type="checkbox"/> Periodic Progress Reports/Summaries <input type="checkbox"/> Other (Describe):	
PARENT/GUARDIAN RELEASE OF INFORMATION CONSENT:	
<p>I, Click or tap here to enter text. (Print name of parent or guardian), give my permission for my child's health care provider, Click or tap here to enter text. (print provider's name), to share any and all pertinent information regarding my child, Click or tap here to enter text. (print Child's Name), with the Early Support for Infants and Toddlers program(s) which will evaluate my child's development to determine eligibility for services. I consent to this referral, and if my child is eligible I may participate in creating an Individual Family Service Plan (IFSP).</p> <p>Or</p> <p><input type="checkbox"/>The family gave verbal consent</p> <p>Parent/Legal Guardian Signature: _____</p> <p>Date: Click or tap to enter a date.</p>	