

# North Carolina Infant-Toddler Program Referral Form

## IDENTIFYING INFORMATION

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*
- Sex:  Male  Female Age: \_\_\_\_\_ Race: \_\_\_\_\_ County of Residence: \_\_\_\_\_
2. Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_
- Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
- With whom does the child live?  Both Parents  Father  Mother  Foster Family  Other: \_\_\_\_\_  
Name, if different from parents: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*Street City State Zip*
- County: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_
- If child is in legal custody of someone other than the person with whom he/she lives, complete the following:  
Legally Responsible Party: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*Street City State Zip*
- County: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_
- Is a Surrogate Parent needed?  Yes  No
3. Primary Person, Phone Number, and Time to Contact: \_\_\_\_\_

## REFERRAL SOURCE AND CONCERNS:

1. Name of Person Making Referral: \_\_\_\_\_  
Agency/Office for which Referring Person Works: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Specific Concerns of Referring Person: \_\_\_\_\_  
\_\_\_\_\_
3. If the referral is not from parents, has the referral been discussed with the child's family?  Yes  No

## ADDITIONAL INFORMATION:

1. Primary Language of Parent: \_\_\_\_\_ Of Child: \_\_\_\_\_  
Interpreter Needed?  Yes  No If yes, for whom? \_\_\_\_\_ Translation needed?  Yes  No
2. Does child have a Case Manager?  Yes  No  Don't know  
If yes, indicate name and with what agency: \_\_\_\_\_  
Directions to Home: \_\_\_\_\_
- Person Completing Form: \_\_\_\_\_  
*(if other than CDSA staff) Date*

### For CDSA Use:

- Referral Date: \_\_\_\_\_ Name of CDSA Representative Accepting Referral: \_\_\_\_\_  
IFSP Due Date: \_\_\_\_\_ Name of EISC & Date Assigned: \_\_\_\_\_
- Confirmed Race/Ethnicity:
1. *Ethnic Origin (choose one):*  Non-Hispanic/Latino  Hispanic
2. *If Ethnic Origin is Hispanic, please choose one:*  
 Hispanic Cuban  Hispanic Mexican American  Hispanic/Other  Hispanic Puerto Rican
3. *Race (choose as many as apply):*  American Indian/Alaskan Native  Black or African American  Native Hawaiian/Other Pacific Islander  Asian  White

## ***North Carolina Infant-Toddler Program Referral Form***

- Purpose:** Completion of this form occurs at the time of referral and is required to document a referral to the Infant-Toddler Program. Information can be completed by a referral source outside of the CDSA and forwarded to the CDSA, or it can be completed by a CDSA staff representative
- Instructions:** Enter the requested information. In the event that a question does not apply or there is no answer to a question, leave it blank. Make all attempts to answer as completely as possible. At minimum, the referral source must provide the child's name, date of birth, parent's name and contact information in order for the CDSA to contact the family. Information that is unknown at the point of referral can be completed by the CDSA during initial contacts with the family.
- CDSA staff complete the "For CDSA Use" box, by entering the name of the CDSA representative accepting the referral, the referral date, the IFSP due date, the name of the assigned EISC, the assignment date and check appropriate boxes for race/ethnicity information.
- File the form in the child's Infant-Toddler Program record.
- Disposition:** Infant-Toddler Program records, including financial and automated information, must be maintained based upon the Infant Toddler Program's record retention policy. Records must be archived in accordance with state requirements to ensure their preservation for the required length of time.