

CHILDREN'S DEVELOPMENTAL DISABILITIES SERVICES REFERRAL FORM

| Family and Child Information | | | |
|--|---|--|----------------------------------|
| Child's Name: | | Date of Request: | |
| Does the Child have Medicaid? | <input type="checkbox"/> No | <input type="checkbox"/> Medicaid Application in Process | YES: MID#: |
| Date of Birth: | Age: | Child's Diagnosis: | |
| Parent/Guardian Name: | | Phone Number: | |
| Email Address: | | Region: | |
| Address: | | | |
| Best method to contact parent/legal guardian (email, phone, text): | | | |
| If phone, best time to contact parent/guardian: | | | |
| Primary Spoken Language: | | Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Current Living Situation: <input type="checkbox"/> Lives with parent/stepparents <input type="checkbox"/> Foster Home <input type="checkbox"/> Lives with relatives <input type="checkbox"/> Other (Specify) | | | |
| Referring information | | | |
| Individual Submitting Referral: | | | |
| Phone Number: | | Email: | |
| ITP Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Has the transition meeting occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date: _____ Location: _____ | |
| If transition meeting has not occurred, is the family interested in a DD Case Manager attending? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What Children's DD services is the family interested in? (Check all that apply) | | | |
| <input type="checkbox"/> Intervention | <input type="checkbox"/> Community-Based Supports | <input type="checkbox"/> Family Directed Services | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Family is unsure and would like additional information on all services available | | | |
| I have discussed Children's DD services with the parent/guardian and they have given permission for a DD Case Manager to contact them. | | | |
| (Signature of referral source) _____ | | | |

Please email this referral form to:

East Hub - Heidi.Napier@dhw.idaho.gov

North Hub - katie.rigoli@dhw.idaho.gov

West Hub - Sarah.Allen@dhw.idaho.gov