

New Vista First Steps

343 Waller Ave. Suite 201, Lexington, KY 40504 | Phone 1.800.454.2764 | Fax 859.272.6893

Referral Form – Parent Child Contact Information

Child's Name: _____ Date of Birth: ____/____/____

Gender: Male Female Medicaid Card # _____

Hospital of Birth (If Known): _____ Gestational Age: _____ wks.

Child resides with (Circle): Parent Legal Guardian Foster Family

Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

If family has no phone, contact person: _____

Relationship to child: _____ Phone: _____

Primary Language spoken in the home: _____

Is child currently being seen by a NICU Program? Yes No

If yes, location of NICU Program: _____

Foster Parent Contact Information (if applicable)

Foster Parent(s): _____ Phone: _____

Foster Parent(s) Address: _____

How long has the child resided at this residence? _____ Surrogate/Advocate? Yes No

If yes, Name: _____ Phone: _____

Assigned DPP Caseworker: _____ Phone: _____

E-mail: _____ Case Open? Yes No CAPTA? Yes No

Legal Child Status: Parental custody-rights intact Foster care-biological rights intact Foster care-parent rights terminated

Other/Explain: _____

Referral Source Contact Information

Your Name (Required): _____ Date of Referral: ____ / ____ / ____
 Is the family aware you are making the referral? Yes No
 Agency Name: _____ Phone: _____
 Your Address: _____ Fax: _____
 Your e-mail: _____

Reason(s) for Referral to Early Intervention

First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.

Please Check all suspected areas of developmental delay or concern that apply:

- Behavior Cognitive Motor/Physical Social/Emotional Speech Language

(Describe):

Other (Describe):

Health Concerns (Describe):

Audiological Exam completed? Yes No

Name of Audiologist: _____

Diagnosed Condition expected to lead to developmental delay: _____

ICD- Code(s): _____