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 • Email: referrals@easterseals-rgv.org

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: