



PRINCE GEORGE'S COUNTY INFANTS AND TODDLERS PROGRAM

**REFERRAL TYPE**

- New (45 days)
- Re-Referral (45 days)
- Transfer
- Jurisdiction: _____

DIAGNOSED CONDITION

- Yes No

CHILD ID _____

RECORDED BY _____ DATE _____ IMPLEMENTATION DATE _____

MANAGER AGENCY:**ECC:***Does the child reside in Prince George's County? Yes No*Child's Name _____
 First MI Last

Date of Birth _____

Age _____

Child's Address _____

Race/Nationality _____

_____ of Apt. Complex or
Housing development _____

Phone _____

REFERRAL INFORMATIONReferral Source _____
(Who is calling to make referral?)Recommended by _____
(Who recommended ITP to **Referral Source**?)Public Awareness _____
(Did the **Referral Source** learn about ITP from a State
and/or Local PA Activity?)

Phone _____

Is parent aware this referral is being made? Yes No**FAMILY INFORMATION**

Cell Phone _____

Cell Phone _____

Work _____

Work Phone _____

Child's Name: _____

DOB: _____

Is the child in foster care? Yes No Social worker/Telephone _____

What language is spoken in the home? _____ Interpreter needed? Yes No

Back-up contact Name/Relationship _____ Phone _____

Is the parent active in the military service? Yes No Branch _____

Does the family live in military housing/base? Yes No Housing Dev./Base _____

INSURANCE INFORMATION

Medical Assistance Number (11 digits) _____ MCO _____

Private Insurance Carrier _____ Social Security Number _____

REM (Rare and Expensive Medical) Yes No

Model Waiver Yes No

SSI (Supplemental Security Income) Yes No

WIC (Women Infant Children) Yes No

REM Case Worker/Agency _____ Phone _____

CPS Social Worker _____ Phone _____

MEDICAL INFORMATION

Primary Care Provider _____ Phone _____

Hospital of Birth _____

Available Reports (check all that apply)

- Birth Discharge Summary
- Copy of Immunization Record
- Developmental Evaluation Report
- Audiology
- Vision
- Other _____

Services being provided (currently)

- Physical Therapy
- Occupational Therapy
- Speech & Language Therapy
- Nursing Services
- Special Instruction
- Other _____

COMMENTS:

Reminders:

1. Updated Immunization Record.
2. If over 30 months: copy of birth certificate, deed or lease.
3. Have copies of discharge summary and/or evaluation reports when Service Coordinator arrives for first home visit.