



EPS Early Intervention Referral Form

CHILD'S NAME: First _____ Last _____

DOB: _____ SEX (M/F): _____

RACE: _____ ETHNICITY: (Hispanic or Non-Hispanic): _____ U.S. CITIZEN: _____

LANGUAGE (Please mark with X): English: _____ Other: _____ Interpreter needed? _____ Parent _____ Child

SOCIAL SECURITY # _____ ACCESS CARD # _____

LIVING SITUATION (please mark with an X): _____ Family Home _____ Shelter _____ Foster home _____ Kinship care
_____ Homeless

OCY REFERRAL: CW _____

Who has signing rights? _____

PARENT/GUARDIAN/FOSTER PARENT CONTACT INFORMATION

Name: _____

Address: _____ Erie, PA, ZIP CODE _____

Personal Phone #: _____ Type: _____ Landline _____ Cell _____ Prepaid

Emergency Phone # (In case number above is out of service): _____

Work Phone # (if preferred method of contact) _____

Email: _____

How can EI contact you? (Check all that apply): _____ phone _____ voicemail _____ text _____ email _____ US Mail

PREVIOUS SERVING AGENCY (if applicable): _____

PRESCHOOL/DAYCARE (if applicable): _____ Days/hours attending: _____

DESCRIPTION OF CONCERN: _____

HAS CHILD EVER BEEN SCREENED BY EPS? _____ Yes _____ No HAS CHILD BEEN EVALUATED BY I/T, EI? _____ Yes _____ No

REFERRAL SOURCE: _____ IS PARENT AWARE OF REFERRAL?: _____ Yes _____ No

REFERRAL DATE: _____

FOR EI DEPARTMENT ONLY:

REFERRAL RECEIVED BY: _____

ASSIGN TO: _____ DATE ASSIGNED: _____

COMMENTS: