



How to Complete A Child Find Referral Form

CHILD FIND provides free screenings for children, ages three to five who are not enrolled in the school system. These screenings measure a child's development in the areas of speech, language, cognitive, motor, auditory, and visual acuity. Here is a step by step on how to correctly complete a CHILD FIND referral form.

The BOX at the top of the form is for OFFICE USE ONLY. To be filled out by the Child Find Consultant or Data Specialist. Please leave this box empty.

This form can ONLY be printed out on line. Then faxed or mailed to the CHILD FIND office. This is to protect any confidentiality .

- 1. Child's Name** - Print clearly the first name, middle initial, and last name of the child you are referring to be screened. **Note: providing the middle initial helps separate children with same names like - John Smith/ Susan Williams etc...**
- 2. Birth Place** - This is the county and state where the **child** you are referring was born.
- 3. DOB** - Date Of Birth of the child being referred.
- 4. Sex** - Circle either M-for male or F for female
- 5. Social Security #** - The child's social security number.
- 6. Medicaid #** -Child's Medicaid # if they have one.
- 7. Private Ins.** - Circle this if child has private insurance instead of Medicaid.
- 8. Address** - Child's current address - very important to list the city or county where the child lives. In order to mail an appointment reminder letter we must have a correct mailing address , apt.# & zip code. An appointment reminder letter is mailed out approximately two weeks prior to the scheduled appointment. There is also a map with directions provided on the back of the letter.
- 9. Mother** - Name of child's mother
- 10. Ph#** - Home phone number where parent/s can be reached
- 11. Father** - Name of child's father
- 12. Ph#** - Home phone number where parent/s can be reached
- 13. Work/Cell mother** - mothers work or cell phone number
- 14. Fathers** - fathers work or cell phone number
- 15. Legal Guardian** - name of legal guardian if not the parent/s. Proof of guardianship is required at the time of the child's screening. No screening can take place prior to parent/guardian signed consent.
- 16. Ph#**- Contact number for Legal Guardian.
- 17. Preschool/Child care attending** - name if the preschool/child care where the child is currently enrolled.
- 18. Language Proficiency** - check which language the child prominently speaks. If not listed beside **Other** indicate what language the child speaks.
- 19. Is there a 2nd language spoken in the home?** - Circle YES or NO if yes write the 2nd language on the line.
- 20. Ethnic Origin** - Is the child white, black, Hispanic, etc... Circle the one that best fits the child's race.
- 21. Has the child been previously screened by FDLRS** **NO YES** Circle the one that applies. If YES indicate where the child was screened
- 22. Reason for Referral** - These are the 5 area's CHILD FIND does the initial screening. Mark the box for all concerns / reasons you are referring the child to be screened.

Child Find Intake
FDLRS/Child Find

To Be Completed By Child Find Consultant Only # _____
 First Contact/Referral Date: ____/____/____
 Appointment Date: ____/____/____ Time: ____:____
 Location of Screening: _____

Child's Name: _____
 * (First name) * (Middle) * (Last)
 Birth Place: _____ DOB ____/____/____ Sex: M F
(County & State) (initials)
 Social Security # ____/____/____ Medicaid # _____ Private Ins. _____
(Click if Applicable)
 Address: _____ Zip: _____
(City or County)
 Mother: _____ Ph#: _____
 Father: _____ Ph#: _____
 Work/Cell # mothers _____ fathers _____
 Legal Guardian: _____ ph# _____
 Preschool/Child care attending: _____

Language proficiency: English _____ Spanish _____ Creole _____ Other _____
 Is there a 2nd language spoken in the home? YES NO _____
(If YES what other language to speak)
 Ethnic Origin: White Black Hispanic Am Indian/Alaska Native Asian Pacific Is/Nat Hawaiian
B / W (circle one)
Reason for referral: (one or more that may apply)
 Has your child been previously screened by FDLRS: NO YES if so where _____

Speech (hard to understand, talking not clear) **Social Emotional** (fearful, shy, plays alone)
 Expressive Language (few words in vocabulary, doesn't put many words together in sentences) **Developmental Delay** (difficulty learning, behind others his/her age)
 Receptive Language (doesn't seem to understand, difficulty following directions) **Hearing** **Vision**

Prior evaluations or therapies: NO YES if so for _____ Child's Age _____
 Parent Faxing Report/Records () Parent having Report/Records faxed by provider ()
 Referring Source (circle one) : Parent Relative Friend Physician Headstart Child Care Soc.Serv. School ELC

Name : _____ Ph# _____
(Person making referral)
 Information Recorded by: _____ Date: ____/____/____

4204 Okesechoee Road, Fort Pierce, Florida 34947
 Phone: 772-429-4601 or 800-358-8245 Fax # 772-429-5531

- 23. Prior evaluations or therapies** - NO YES if yes where was the child evaluated and at what age.
 - 24. Parent Faxing Reports/Records** - if the parent is faxing over any records/reports indicate by marking the field with an "X" or a check mark.
 - 25. Parent having Report/records Faxed over** - if the parent is having a provider (doctor, clinic, organization etc.) Fax over reports/records - indicate the field with an "X" or a check mark.
 - 26. Referring Source** - Circle the appropriate person/place that is referring the child to be screened - or where YOU the parent heard about FDLRS Child Find.
 - 27. Name** - Print the name of the person who is filling out the referral and phone number where they can be reached for further information if other then the parent/s or guardian/s.
 - 28. Information Recorded By** - Person who is filling out the referral along with a phone number where they can be reached to schedule an appointment or to provide further information regarding the child. Date referral was being recorded.
- Once the referral is complete you can fax the referral to FDLRS Child Find @ 1-772-429-5531. Please call to confirm an appointment @ 1-772-429-4601**