(State Office Use Only)

ATTACHMENT:

New Case ID #:



## Alabama's Early Intervention System

Child Find Referral Form

1-800-543-3098

En Espanol: 1-866-450-2838

Child Find Fax # (334) 293-7393



PLEASE PRINT CLEARLY

Revised 02/13

www.rehab.alabama.gov/ei

## INFANT/TODDLER INFORMATION

1. SSN#:	2. Date of Birth:	3. Sex: F M
4. Last Name:	First Name:	MI/Name:
5. Is your child of Hispanic or Latino or	rigin? Y 🗌 N 📗 6. Child's Primary R	dace:
If Primary Race is Two or Mor (Mark appropriate boxes)		American Indian/Alaska Native
7. Home Language:	8. Medicaid: Y N Medicaid:	#
9. Private Insurance: Y N	10. CHIP/All Kids Y N	
11. First Name:	CHILD RELATION INFORMATION  Last Name:	MI:
12. Relation Type: 1	3. Is this Primary relation? Y N 14.	Is address same as child'? Y N
15. Mailing Address:		
City/State/Zip:		_ 16. County:
17. Physical Address:		
City/State/Zip:		18. County:
19. Primary contact #: ( )	20. Alternate contact :	#: ( )
Alternate contact #: ( )	Work Phone #: (	)Ext #:
21. Person making referral:	REFERRAL SOURCE INFORMATION 22. Refer	ral Source:
23. County:	24. Phone:	25. Fax:
26. Reason for referral:		
27. How family became aware of Child I	Find: Additional Ir	nformation:
Refer to Service Coordinator/Caseload	ID #:	
	Sender's Name/Phone #: REFERRALS WILL NOT BE ACCEPTED (FILL BELOW - STATE OFFICE USE ON	IN ALL REQUIRED BLANKS)
Mail to: ADRS/EI, 602 S. Lawre	nce St., Montgomery, AL 36104 ** Chil	
Referral taken by: Date	taken: Processed by:	Official referral/entry date: