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
www.rehab.alabama.gov/ei

Please print clearly

Child Find Referral Form

1-800-543-3098
State Office Use Only

New Case ID #: ____________

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 origin? ☐ ☐ 6. Child’s Primary Race: ________________

* If Primary Race is Two or More Races: ☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian
☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White


9. Private Insurance: ☐ ☐ 10. CHIP/All Kids ☐ ☐

Child Relation Information

11. First Name: _________________________ Last Name: ______________________ MI: ___________


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 #: ___________

Referral Source Information

21. Person making referral: __________________________________________________________

22. Referral Source: ______________________________________________________________

23. County: ___________________________ 24. Phone: ___________________________ 25. Fax: ___________________________

26. Reason for referral: ______________________________________________________________

27. How family became aware of Child Find: ____________________ Additional Information: ____________________

Refer to Service Coordinator/Caseload ID #: ________________________________________________

Date Mailed/Faxed to Child Find: ____________________ Sender’s Name/Phone #: ____________________

Incomplete referrals will not be accepted (fill in all required blanks)

Below - State Office Use Only

* Mail to: ADRS/EI, 602 S. Lawrence St., Montgomery, AL 36104 ** Child Find Fax Number: 334-293-7393

Referral taken by: __________ Date taken: __________ Processed by: ________ Official referral/entry date: __________

Attachment: ____________________________________________________________________________

Revised 02/13