

Alabama's Early Intervention System (AEIS) – Child Find Referral Info Sheet

IMPORTANT NOTE: Question #'s 2 through 7 and 11 through 27 are required information

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED (FILL IN ALL REQUIRED BLANKS)

1. Please provide the SS# if available, however, if the number is unavailable we can assign a pseudo number in order to process the referral.
5. Please answer either yes or no. We cannot process the referral without this information.
6. Enter the primary race that the family identifies. If the child is of multiple races, check all boxes that apply.
American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. (Does not include persons of Hispanic/Latino ethnicity)
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent. This includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Does not include persons of Hispanic/Latino ethnicity)
Black or African American – A person having origins in any of the Black racial groups of Africa. (Does not include persons of Hispanic/Latino ethnicity)
Hispanic or Latino - A person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Does not include persons of Hispanic/Latino ethnicity)
White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Does not include persons of Hispanic/Latino ethnicity)
Two or More Races – A person having origins in two or more of the six race categories listed immediately above. (Does not include persons of Hispanic/Latino ethnicity)
7. If the family is multi-lingual and English is one of the languages spoken, please enter English. If English is not spoken in the home, please enter the language spoken so that an interpreter can be obtained, if needed.
8. Not required, but please enter if available.
11. Enter the first and last name of the primary caregiver of which the child lives with.
12. How is this person that the child lives with related to the child? (mother, father, aunt, foster parent, etc.)
13. Is the person named the child's primary caregiver?
14. Does the child live with the person named?
15. Enter the address where correspondence for this child should be sent.
17. Where does the family live (if different from mailing address)? This determines which program will serve the child.
19. Provide all available contact information for the family.
21. The name of the person making this referral.
22. The organization affiliated with the person making the referral or description of who that person is (for example, Children's Hospital, ABC Therapy Company, DPS, grandfather).
23. -25. Demographic and contact information for the referral source.
27. Who told the family about Early Intervention? Please choose one of the following:
Agency, APC Parenting Kit, Audiologist, Certified Registered Nurse Practitioner, Child Care, Developmental Follow Up Clinic, Doctor, Early Head Start, EI Program, EI Recipient's family, Head Start, Healthy Child Care Alabama, High Risk Clinic, Hospital, Hurricane Katrina Evauuee, Interpreter, Media, Military, Nurse-Family Partnership, Other, PA Materials, Parent Assistance Line (PAL), Parent (Previously Received EI Services), Receiving Service in Other State, Relative/Friend, School System, Self, Social Media (Facebook, Twitter, Etc.), Social Worker, SSA, Therapist, Web Site
In additional information, please enter any other information that may be useful in helping us serve this child. Please enter when this referral was sent to Child Find and who sent it along with their phone number so that we can call if there are any questions.
28. This section can only be completed by a physician or nurse practitioner who is making the referral. In order to expedite eligibility determination, a physician/nurse practitioner can provide documentation of any diagnoses the child may have. We must have the physician/nurse practitioner's name and signature along with the diagnosis.