

Child Find Referral Form

1-800-543-3098

En Espanol: 1-866-450-2838

Child Find Fax # (334) 293-7393

www.rehab.state.al.us/ei

INFANT/TODDLER INFORMATION



1. SSN#: _____ 2. Date of Birth: _____ 3. Sex: _____

4. Last Name: _____ First Name: _____ MI/Name: _____

5. Is your child of Hispanic or Latino origin? Y _____ N _____ 6. Child's Primary Race: _____

If Primary Race is Two or More Races: Hispanic/Latino American Indian/Alaska Native Asian
(Mark appropriate boxes)

Black/African American Hawaiian/Pacific Islander White

7. Home Language: _____ 8. Medicaid: Y _____ N _____ Medicaid # _____

9. Insurance: Y _____ N _____ 10. CHIP Y _____ N _____

CHILD RELATION INFORMATION

11. First Name: _____ Last Name: _____ MI: _____

12. Relation Type: _____ 13. Is this Primary relation? Y _ N ___ 14. Is address same as child's? Y _ N ___

15. Mailing Address: _____

City/State/Zip: _____ 16. County: _____

17. Physical Address: _____

City/State/Zip: _____ 18. County: _____

19. Home Phone: () _____ 20. Alternate Phones: () _____

() _____ 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 #: _____ Javelin Lewis _____

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

BELOW - STATE OFFICE USE ONLY

Referral taken by: _____ Date taken: _____ Processed by: _____ Official referral/entry date: _____

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