



SoonerStart Early Intervention Program Referral Form

Section 1: Child Information

First Name:	Middle Initial:	Last Name:	SSN:		
Date of Birth:	Age:	Sex:	DHS Custody:	Medicaid #:	If none, potentially, eligible?
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
Ethnicity: Is your child Hispanic or Latino?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander			

Section 2: Family Information

Caregiver's Name:	Relationship:	Cell Phone:	Other: <input type="checkbox"/> Home <input type="checkbox"/> Work
Caregiver's Name:	Relationship:	Cell Phone:	Other: <input type="checkbox"/> Home <input type="checkbox"/> Work
Additional Contact:	Relationship:	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Address:	City:	State: OK	Zip:
Email:	County:	School District:	Health Department:
Native Language:	Does Family need an interpreter?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Section 3: Referral Information

Reason for Referral:		
Date of Referral:	Service Coordinator:	Received By:
Date Assigned:	IFSP Target Date:	SoonerStart Site:
Referral Source (Name and Title):		Agency:
Address:		Phone:
Are Parents Aware of Referral: <input type="checkbox"/> YES <input type="checkbox"/> NO	How did the referral source hear about SoonerStart?	