

Child Development Infoline (CDI) Referral Form

FAX to: 860-571-6853 or call 1-800-505-7000 cdi.211ct.org



Referring Provider: _____ Date: _____

Agency-Program: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

NOTE: CDI is the gateway to Help Me Grow, in-home family supports, Birth to Three, early childhood special education and Children and Youth with Special Health Care Needs. You may make a referral anytime, but please speak with the family first. We will contact them for their permission to proceed with your referral, and they may accept or decline. Families already enrolled in one program may be referred for additional supports when needed.

Child's name: _____	Gender: M / F	DOB: _____	Age: _____
Birth Hospital: _____ Full term at birth? Yes / No - If no, born at _____ weeks gestation			
Child resides with: parent / legal guardian / foster family / other _____			
Name of person child resides with: _____			
Address: _____			
Home phone: _____ Cell phone: _____ Work phone: _____			
Email 1 _____ Email 2 _____			
Alternate contact person name: _____ Relationship: _____ Phone #: _____			
Primary language spoken in home: _____ Other languages spoken in home: _____			
Send written materials in English or Spanish (circle one)			
If child is in foster care, name & phone of DCF case worker: _____			
Primary Health Provider name and phone: _____			
Child's Insurance Type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Commercial - Health Plan Name: _____			

Reasons for Referral: (check all that apply): Please provide as much information as you have.

- Medical/Health condition: _____
- Developmental concerns (check all that apply):
 - adaptive
 - behavioral/social-emotional
 - cognitive
 - communication
 - motor

Screening or Evaluations completed for:	Date completed	Method/Tool used
(a) Development: yes / no Pass / Refer	_____	_____
(b) Social-emotional: yes / no Pass / Refer	_____	_____
(c) Autism: yes / no Pass / Refer	_____	_____
(d) Hearing yes / no Pass / Refer	_____	_____
(f) Vision yes / no Pass / Refer	_____	_____
(g) Lead yes / no Pass / Refer	_____	finger stick / venous BLL (circle one)

Resources being sought:

- Ages and Stages (ASQ)
- Parenting education
- Advocacy services
- Pregnancy supports
- Educational supports
- Other _____
- Ages and Stages-Social/Emotional (ASQ-SE)
- Home visiting/in-home support
- Recreational activities/camps
- Medical expense assistance grants
- Play groups
- General development
- Health-related supports
- Weight management supports
- Respite
- Care coordination

Helpful notes: _____

Thank you!