Child Development Infoline (CDI) Referral Form

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

Connecticut 2-1-1 Child Development Infoline

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: ❑ Medicaid ❑ 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	Level		finger stick / venous BLL *(circle one)*

Resources being sought:

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

Other _____

Helpful notes: _____

Thank you!

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