

Standardized Illinois Early Intervention Referral Form

Please complete Sections 1 through 6 of this form to refer a child to Early Intervention (EI) for eligibility determination.

Section 1. Child Contact Information

Child Name: _____ AKA _____

Date of Birth: ____/____/____ Child Age: ____ Gender: M F Race: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Type of Insurance Coverage: Medicaid Private Insurance

Parent/Guardian Name: _____ Relationship to Child: _____

Primary Language: _____ Home Phone: ____/____-____ Other Phone: ____/____-____

Alternate or Emergency Contact Person: _____ Phone: ____/____-____

Section 2. Reason(s) for Referral

Reason(s) for referral to EI (Please check all that apply):

- Identified condition or medical diagnosis (e.g., spina bifida, Down syndrome): _____
- Suspected developmental delay based on objective developmental screening using (please note screening tool used) _____ (Please check area[s] of concern):
- ___ Motor/Physical ___ Cognitive ___ Social/Emotional ___ Speech ___ Language/Communication
- ___ Behavior ___ Vision/Hearing ___ Adaptive/Self-help Skills ___ Other, specify _____

Comments: _____

At Risk (Please describe risk factors): _____

Other (Please describe): _____

Family is aware of reason for referral

Section 3. Referral Source Contact Information

Check here if Primary Care Provider (PCP) is source of referral and skip Section 3 and complete Section 4

Referral Date: ____/____/____

Name of Agency Making Referral: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: ____/____-____ Office Fax: ____/____-____ E-mail: _____

Contact Person at Referral Site: _____

Section 4. Primary Care Provider Contact Information

Referral Date: ____/____/____

Name of Child's Primary Care Provider: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: ____/____-____ Office Fax: ____/____-____ E-mail: _____

Contact Person at Primary Care Provider Office: _____

CFC Office, please send the following checked items (see Section 6):

- Date the family was contacted and outcome of the contact
- Eligibility for services and a list of services the child is eligible for
- A summary of the Individualized Service Plan (IFSP)
- Other referrals provided by EI to the child/family

Section 5. Early Intervention CFC Office Referral Location

Using the attached list of CFC Offices, insert the CFC number where the child is being referred:

CFC #: _____

Section 6. Authorization to Release Information

1. The purpose of this disclosure is to refer _____ (print child's name) to the Illinois Early Intervention program. I, _____ (Print name of parent or guardian), give my permission for my child's primary health care provider, _____ (print provider's name), to share pertinent information about my child, _____ (print child's name), regarding suspected developmental delay or related medical conditions with the Early Intervention program. I understand that I may withdraw this consent by written request to my child's primary health care provider, except to the extent it has already been acted upon.

2. The purpose of this disclosure is to provide eligibility outcome information, including services determined my child is eligible to receive from Early Intervention, and other non-Early Intervention referrals provided for _____ (print child's name) to my child's primary health care provider _____ (print provider's name). I give my permission for the Early Intervention program to share reports and results related to the previously referenced information with my child's primary health care provider listed above (see Section 4). (Parent/Guardian Initial: ____). I understand that I may withdraw this consent by written request to Early Intervention, except to the extent it already has been acted upon.

I certify that this Authorization to release such information has been given freely and voluntarily. Information collected hereunder may not be re-disclosed unless the person who consented to this disclosure specifically consents to such re-disclosure and or the re-disclosure is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

If the referral is not initiated by the primary care provider, release information only with the consent of the family as documented in a separate consent to release information form, and in compliance with CFC office policy.

Parent/Legal Guardian Signature* _____ Date: ____/____/____

*Consent is effective for a period of 12 months from the date of your signature on this release.

Section 7. For CFC Office Use Only

Date Referral Received: ____/____/____

Name of person receiving referral: _____

Child and Family Connections Listing of Illinois
Illinois Department of Human Services- Bureau of Early Intervention Early Intervention
Revised – 10/09

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes			
1	Child & Family Connections Access Services of Northern Illinois 1752 Windsor Rd, Ste. 102/ P.O. Box 16390 Loves Park, IL 61132-6390 815/654-6170 Fax: 815/654-6197 Toll Free #: 800/921-0094	Dee Dee Lowery	Boone Bureau Marshall	Ogle Putnam Winnebago		
2	Child & Family Connections Lake County Health Department 2424 Washington St., Suite 210 Waukegan, IL 60085 847/360-7353 Fax: 847/360-3176 Toll Free #: 888/539-3033	Donna Nace	Lake			
3	Child & Family Connections Regional Office of Education for Carroll, Jo Daviess, & Stephenson Co. 302 W. Exchange St. Freeport, IL 61032 815/297-1041 Fax: 815/297-9032 Toll Free #: 888/297-1041	Jacki Koch	Carroll DeKalb Jo Daviess	Lee Stephenson Whiteside		
4	Child & Family Connections DayOne Network 1551 E. Fabyan Pkwy. Geneva, IL 60134 630/879-2277 Fax: 630/761-9810 Toll Free #: 888/282-0997	Ellana Mavromatis	Kane Kendall			
5	Child & Family Connections PACT, Inc. 750 Warrenville Road, Suite 300 Lisle, IL 60532 630/493-0400 Fax: 630/493-1995 Toll Free #: 800/637-7181	Lori Orr ext. 117	DuPage County including the following Cook County zip codes:			
			60103	60172		
			60126	60521		
6	Child & Family Connections Clearbrook Center 1835 W. Central Road Arlington Heights, IL 60005 847/385-5070 847/385-7260 Toll Free #: 800/585-1953	Brenda DeVito	*Cook County North Suburban including the following zip codes:			
			60004	60029	60082	60173
			60005	60043	60089	60192
			60006	60052	60090	60193
			60007	60053	60091	60194
			60008	60056	60092	60195
			60010	60062	60093	60201
			60016	60067	60106	60202
			60018	60068	60107	60203
			60022	60070	60120	60204
			60025	60074	60133	60712
			60026	60076	60143	60714
			60028	60077	60157	

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes
7	Child & Family Connections Suburban Access, Inc 4415 West Harrison St., Suite 201 Hillside, IL 60162 708/449-0625 Fax: 708/449-7071 Toll Free #: 888/566-8228	Laverne Whitaker	*Cook County Central Suburban including the following zip codes: 60104 60163 60304 60546 60130 60164 60305 60558 60131 60165 60402 60666 60141 60171 60455 60706 60153 60176 60513 60707 60154 60301 60525 60804 60160 60302 60526 60162 60303 60534
8	Child & Family Connections Easter Seals Society of Metropolitan Chicago 9455 S. Hoyne Chicago, IL 60620 773/233-1799 Fax: 773/233-2011 Toll Free #: 866/266-7167	Marlene Stroube ext. 12	*Cook County Chicago Southwest including the following zip codes: 60620 60633 60652 60827 60628 60638 60655 60629 60643 60805 *This CFC serve those families who reside within the City of Chicago when the zip codes cross the city lines.
9	Child & Family Connections Hektoen Institute for Medical Research/Cook Co. Children's Hospital 1901 W. Harrison Fantus Clinic - Room 209 Chicago, IL 60612 312/864-6575 312/864-9332 Toll Free #: 888/283-2329	Grace Ortiz	*Cook County Chicago Central/ West including the following zip codes: 60601 60605 60612 60632 60602 60606 60616 60644 60603 60607 60623 60661 60604 60608 60624
10	Child & Family Connections LaRabida Children's Hospital 950 E. 61 st Street Chicago, IL 60637 773/324-7434 Fax: 773/324-7469 Toll Free #: 800/862-1912	Carol Muhammad ext. 226	*Cook County Chicago Southeast including the following zip codes: 60609 60619 60636 60649 60615 60621 60637 60653 60617
11	Child & Family Connections 945 W. George St., Suite 300 Chicago, IL 60657 312/942-7800 Fax: 312/942-7811 Toll Free #: 800/289-7990	Melissa Lane	*Cook County Chicago North including the following zip codes: 60610 60625 60639 60648 60611 60626 60640 60651 60613 60630 60641 60656 60614 60631 60645 60657 60618 60634 60646 60659 60622 60635 60647 60660
12	Child & Family Connections Easter Seals Society of Metropolitan Chicago 17300 S. Ozark Ave. - North Bldg. Tinley Park, IL 60477 708/429-8231 Fax: 708/429-8246 Toll Free #: 800/597-7798	Peter Byrne	*Cook County South Suburban including the following zip codes: 60406 60443 60461 60473 60409 60445 60462 60475 60411 60448 60463 60476 60415 60452 60464 60477 60426 60453 60465 60478 60428 60455 60466 60480 60429 60456 60467 60482 60430 60457 60469 60499 60438 60458 60471 60501 60439 60459 60472 60803

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes	
13	Child & Family Connections Reg. Office of Education # 26 1301 N. Main St., Suite 3 Monmouth, IL 61473 309/734-3336 Fax: 309/734-1145 Toll Free #: 866/426-2160	Cara Allen	Fulton Hancock Henderson Knox McDonough	Mercer Rock Island Schuyler Warren
14	Child & Family Connections Peoria County Board for the Care and Treatment of Persons with a Developmental Disability 2016 N. Knoxville Ave. Peoria, IL 61603 309/672-6360 Fax: 309/681-0190 Toll Free #: 888/482-4300	Sally Rajkowski	Henry Peoria Stark	Tazewell Woodford
15	Child & Family Connections Services of Will, Grundy, & Kankakee Counties, Inc. 2300 Glenwood Joliet, IL 60435 815/730-2617 815/730-2650 Toll Free #: 888/329-0633	Polly Daly	Grundy Kankakee	LaSalle Will
16	Child & Family Connections Crosspoint Human Services 309 N. Logan Danville, IL 61832 217/442-8097 Fax: 217/442-8153 Toll Free #: 800/877-1152	Jessica Lofu	Champaign Ford Iroquois	Livingston McLean Vermilion
17	Child & Family Connections ROE of Adams/Pike Counties 510 Maine Street, Suite 615 Quincy, IL 62301 217/222-9592 Fax: 217/222-9593 Toll Free #: 888/222-9592	Karla Richmond	Adams Brown Calhoun Cass Greene	Jersey Morgan Pike Scott
18	Child & Family Connections Sangamon County Health Department 3130 S. Chatham Rd., Suite B Springfield, IL 62704 217/793-3990 Fax: 217/793-3991 Toll Free #: 888/217-3505	Lisa McGlothlin	Logan Mason	Menard Sangamon
19	Child & Family Connections Macon County Community Mental Health Board 132 S. Water, Suite 604 Decatur, IL 62523 217/423-6199 Fax: 217/233-7028 Toll Free #: 800/758-2705	Debbie Floyd	Clark Coles Cumberland DeWitt Douglas	Edgar Macon Moultrie Piatt Shelby

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes	
20	Child & Family Connections ARC Community Support Systems 1901 S. 4th St., Suite 209 Effingham, IL. 62401 217/347-5601 Fax: 217/347-5119 Toll Free #: 888/459-5437	Peter Niccum Referrals, ext. 101	Bond Christian Clay Crawford Effingham Fayette	Jasper Lawrence Macoupin Montgomery Richland
21	Child & Family Connections Special Children, Inc. 1306 Wabash Avenue Belleville, IL 62220 618/257-0445 Fax: 618/257-0407 Toll Free #: 888/594-8364	Jenese Birk-Huebner	Madison Monroe	Randolph St. Clair
22	Child & Family Connections Regional Office of Education #13 101 S. Lincoln Centralia, IL 62801 618/532-4919 Fax: 618/532-0856 Toll Free #: 800/661-0900	Bill Ferguson	Clinton Franklin Jefferson	Marion Washington Williamson
23	Child & Family Connections Wabash & Ohio Valley Special Education Dist. 800 S. Division/ P.O. Box 320 Norris City, IL 62869 618/378-2131 Fax: 618/378-3127 Toll Free #: 800/463-2759	Karen Williams	Edwards Gallatin Hamilton Saline	Wabash Wayne White
24	Child & Family Connections Archway, Inc. 2751 W. Main / P. O. Box 1180 Carbondale, IL 62903-1180 618/529-3147 Fax: 618/549-8137 Toll Free #: 888/340-6702	Brandi Williamson	Alexander Hardin Jackson Johnson Massac	Perry Pope Pulaski Union
25	Child & Family Connections Options & Advocacy for McHenry Co. 365 Millennium Drive, Suite A Crystal Lake, IL 60012 815/477-4720 Fax/TDD: 815/788-0704 Toll Free #: 888/376-8828	Karen Rios	McHenry	

Special Notes:

- * When a zip code crosses county lines, Cook Child and Family Connections will serve the portion that falls within Cook County.
- ** Toll free numbers are only accessible within Illinois. All other states must use the local number listed.
- *** CFCs that are Satellite Offices- CFC 27 reports to CFC 17, CFC 28 reports to CFC 14 & CFC 29 reports to CFC 1

If you have any questions or have changes regarding this listing, please call Jenni Grissom at DHS, Bureau of Early Intervention at [217782-1981](tel:217782-1981).

If you would like more information on Early Intervention, please visit our website at www.dhs.state.il.us/ei and look review the brochures and manuals sections.

Revised – 10/09