Respite, Mini Grants (equipment, activity therapy, health needs, paperwork assistance)

Revised 11/16/07

WHERE TO REFER:  Consider-
- Age
- Region
- Insurance/Medicaid
- Special Concerns- Autism, Family Issues, Etc.

OT
Speech
PT
Family
Service
Agencies
*Parent
Navigators
*211
Vision
Audiology
Neuro-
Developmental
*Dr. Brennan
*Dr. Matsutani
*Parent
Navigators
Psych Testing
Neurodevelopmental Testing
Mental Health
*Parent Navigators
*ACMHC (Home Based, Family Continuum)
*SCF
*Little Tykes
*Little Steps
*Denali Family Services
*Private
School District
Special Education
3-5 Yrs
(ASD, Mat-Su, Kenai, Whittier)
*Homeless/Child In Transition
*Migrant Ed
*STEP Center
Early Intervention/
Infant Learning
0-3 Yrs
*PIC
*FOCUS
*MSSCA
*Parents As Teachers

HOLE!
Place to help families sort out their service needs.

ABCD SCREENING PROJECT-Referral Process for Pilot Sites
DRAFT

*Head Start
Child Care
SCF
KCI
CCS
RurAL CAP
Chugachmiut
CCC- Akin!

Family
Service
Agencies

HOLE!

WHEN TO REFER:
- ASQ Results
- Parent Concerns
- Clinical Judgment

WHEN TO REFER:

*Respite, Mini Grants (equipment, activity therapy, health needs, paperwork assistance)

Revised 11/16/07
HOW TO MAKE A REFERRAL:
For greatest success, when possible medical office should:
* Call agency with parent and make an appointment.
* Give parent a brochure
* Fax referral information to agency
* Make follow-up call to the agency (did the fax make it?)

For greatest success, when possible agency should:
* Call the parent, mention medical providers name, confirm appointment

WHAT INFORMATION IS NEEDED:
* Parent’s Name
* Child’s Name
* Parent’s Phone Number
* Medical Diagnosis
* Available Assessments- PT, OT, Psych, Vision, Hearing
* ASQ
* Significant History

EXCHANGE OF INFORMATION:
* Agency obtain release at Intake
* Include level of delay
* Send Feedback Form

Create simplified referral form
Handout for parents: Why should I follow up?
Create Feedback Form