

**COMMUNITY RESOURCE AND REFERRAL FORM**

**(Primary Care Providers)**

*This form enables primary care providers to refer families to early intervention and early childhood special education*

*Including other community services/resources (via Help Me Grow/2-1-1) after a developmental screen is administered****.***

***Please complete the form on the second page.***

**USE THIS GUIDE AFTER A PEDS SCREEN:**

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| **AGE OF CHILD** | **HIGH RISK** | **MODERATE RISK** |
| ***Instructions:* *Please check the box below that best fits and fax to resource.*** | PEDS Path A, or M-CHAT failed or 3+ unmet milestones on the PEDS:DM | PEDS Path B or C, M-CHAT pass and <3unmet milestones on the PEDS:DM |
| **Birth to 3 years** | **Child Development Watch (North)**  Call #: (302) 283-7140  Fax# 302-283-7142 | **2-1-1/Help Me Grow**  Fax #: (302) 482-4462 |
| **Birth to 3 years**   |  | | --- | |  | | **Child Development Watch (South)**  Call #: (302) 424-7300  Fax# 302-422-1363/302-424-2916 | **2-1-1/Help Me Grow**  Fax #: (302) 482-4462 |
| **3 to 8 years** | **Child Find**  (See List below) | **2-1-1/Help Me Grow**  Fax #: (302) 482-4462 |

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| **SCHOOL DISTRICT** | **NAME OF COORDINATOR** | **PHONE/FAX** | **EMAIL** |
| **Appoquinimink** | Kathy Gerstley | 302-376-4404/378-5696 | [Kathy.gerstley@appo.k12.de.us](mailto:Kathy.gerstley@appo.k12.de.us) |
| **Brandywine** | Joan McNamara | 302-479-2600/479-2216 | [Joan.mcnamara@bsd.k12.de.us](mailto:Joan.mcnamara@bsd.k12.de.us) |
| **Caesar Rodney** | Brook Castillo  Adrielle Benini | 302-335-5039/335-3705 | [Brook.castillo@cr.k12.de.us](mailto:Brook.castillo@cr.k12.de.us)  [Adrielle.benini@cr.k12.de.us](mailto:Adrielle.benini@cr.k12.de.us) |
| **Cape Henlopen** | Susan Berry | 302-645-7210 | [Susan.berry@cape.k12.de.us](mailto:Susan.berry@cape.k12.de.us) |
| **Capital** | Pam Nichols | 302-857-4241/672-1937 | [Pamela.nichols@capital.k12.de.us](mailto:Pamela.nichols@capital.k12.de.us) |
| **Christina** | Dr. Amber Shelton  Debra Norton | 302-454-2047  302-454-2047 x2 | [Amber.shelton@Chiristina.k12.de.us](mailto:Amber.shelton@Chiristina.k12.de.us)  [Debra.norton@christina.k12.de.us](mailto:Debra.norton@christina.k12.de.us) |
| **Colonial** | Tammy Wales | 302-429-4088/429-4097 | [Tamara.wales@colonial.k12.de.us](mailto:Tamara.wales@colonial.k12.de.us) |
| **Delaware Early Childhood Center** | Dr. Tanya Robinson  Tammy Brice | 302-398-8945 x101  302-398-8945 x131 | [tmrobinson@lf.k12.de.us](mailto:tmrobinson@lf.k12.de.us)  [tammy.brice@lf.k12.de.us](mailto:tammy.brice@lf.k12.de.us) |
| **Delmar** | Christina Fishburn | 302-846-9544/846-2793 | [Christina.fishburn@delmar.k12.de.us](mailto:Christina.fishburn@delmar.k12.de.us) |
| **Indian River** | Loretta Ewell | 302-732-1343/732-1344 | [Loretta.ewell@IRSD.k12.de.us](mailto:Loretta.ewell@IRSD.k12.de.us) |
| **Lake Forest** | Dawn Troyer | 302-284-9611 x123 | [dltroyer@lf.k12.de.us](mailto:dltroyer@lf.k12.de.us) |
| **Laurel** | Zachary Furbay | 443-523-0699 | [Zachary.furbay@laurel.k12.de.us](mailto:Zachary.furbay@laurel.k12.de.us) |
| **Milford** | Anne Kneipp | 302-424-5474 | [akneipp@msd.k12.de.us](mailto:akneipp@msd.k12.de.us) |
| **Red Clay** | Tina Albanese | 302-892-3227 | [Tina.albanese@redclay.k12.de.us](mailto:Tina.albanese@redclay.k12.de.us) |
| **Seaford** | Lisa Doyle | 302-629-4587 x2054 | [Lisa.doyle@seaford.k12.de.us](mailto:Lisa.doyle@seaford.k12.de.us) |
| **Smyrna** | Carissa Stevens | 302-659-6287/653-3146 | [Carissa.stevens@smyrna.k12.de.us](mailto:Carissa.stevens@smyrna.k12.de.us) |
| **Woodbridge** | Mondaria Batchelor |  | [Mondaria.batchelor@wsd.k12.de.us](mailto:Mondaria.batchelor@wsd.k12.de.us) |
| **Dept of ED (State Coordinator)** | Cindy Brown | 302-735-4295 | [Cindy.brown@doe.k12.de.us](mailto:Cindy.brown@doe.k12.de.us) |

**USE THE INFORMATION BELOW TO REFER TO A CHILD FIND PROGRAM:**

Are the parents aware you are making a referral?

This form enables the provider to refer families to the FF :

**Child Development Watch**

**Child Find**

**Help Me Grow/2-1-1**

How did you hear about the program? ­

**DATE:**      

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: First       Last | | Birthdate: | Medicaid/DHSS Cares# |
| Child’s Address:       (required) | City/State/Zip | | Home Phone #:       (required) |

County:      Sex: Male  Female Child’s Ethnicity: Hispanic or Latino Not Hispanic or Latino

Child’s Race (CHECK ALL THAT APPLY): White Black or African American Asian American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

|  |  |
| --- | --- |
| School District | Primary Language |
| Mother’s Name       (required) MCI# | Birth Date       Email |
| Address | Phone #(H)       (CELL)       (W) |
| Father’s Name       MCI# | Birth Date       Email |
| Address (if different than client’s) | Phone #(H)       (CELL)       (W) |

|  |  |  |  |
| --- | --- | --- | --- |
| *Guardian/Foster Parent/Educational Surrogate Name* | | | |
| *Address* *Phone #(H)       (CELL)       (W)* | | | |
|  | | | |
| Birth Weight       Current Weight | | Gestation (weeks)       APGARS | |
| PCP/Office | | Phone #       Fax # | |
| ICD10 | |  | |
|  | |  | |
| Insurance Information | | | |
| Private Insurance Co. Name:  Policy Holder: Mom Dad *(MUST include DOB above)*  Group/Acct #       Member ID#  Effective Date:  Address:       Phone # | | *IF DELAWARE MEDICAID ONLY - CHECK BELOW:*  *MA-Fee For Service/traditional*  *MA-Highmark Health Options*  *MA-United Healthcare*  *Notes:* | |

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| --- |
|  |
| Child Care Name       Address       Phone# |
|  |
| ***REFERRING AGENCY/PERSON***       Phone #       Email: |
| PEDS Screener  ASQ  MCHAT  Other screening (please specify): |

|  |  |
| --- | --- |
| ***RECEIVING AGENCY ACTION*** | ***DATE*** |

**Reason for referral:**