

**Bluegrass First Steps**

343 Waller Ave. Suite 201, Lexington, KY 40504  
Phone 1.800.454.2764 | Fax 859.272.6893

**Referral Form – Parent Child Contact Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gender:  Male  Female Medicaid Card # \_\_\_\_\_  
 Hospital of Birth (If Known): \_\_\_\_\_ Gestational Age: \_\_\_\_\_  
 \_\_\_\_\_ wks.  
 Child resides with (Circle): Parent Legal Guardian Foster Family  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 If family has no phone, contact person: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Primary Language spoken in the home: \_\_\_\_\_  
 Is child currently being seen by a NICU Program?  Yes  No  
 If yes, location of NICU Program: \_\_\_\_\_

**Foster Parent Contact Information (if applicable)**

Foster Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Foster Parent(s) Address: \_\_\_\_\_  
 How long has the child resided at this residence? \_\_\_\_\_ Surrogate/Advocate?  Yes  No  
 If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Assigned DPP Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_ Case Open?   
 Yes  No CAPTA?  Yes  No  
 Legal Status of child:  
 Parental custody, rights intact  Foster care, biological rights intact  Foster care, parent rights  
 terminated  
 Other/Explain: \_\_\_\_\_

**Referral Source Contact Information**

Your Name (Required): \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is the family aware you are making the referral?  Yes  No  
 Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_



Your Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_  
 Your e-mail: \_\_\_\_\_  
 \_\_\_\_\_

**Reason(s) for Referral to Early Intervention**

*First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.*

**Please Check all suspected areas of developmental delay or concern that apply:**

- Behavior    
  Cognitive    
  Motor/Physical    
  Social/Emotional    
  Speech Language

(Describe):

\_\_\_\_\_

Other (Describe):

\_\_\_\_\_

Health Concerns (Describe):

\_\_\_\_\_

Audiological Exam completed?     Yes     No

Name of Audiologist:

\_\_\_\_\_

Diagnosed Condition expected to lead to developmental delay:

\_\_\_\_\_

ICD-

Code(s): \_\_\_\_\_

