

MAKING A REFERRAL TO AzEIP

Sound Familiar?

- Child is not walking at 15 months old.
- Child does not use any words and is 2 years old.
- Child does not play well with other children.
- Child does not feed herself and is 18 months old.
- Child has hearing problems.
- Child is having trouble making eye contact with me when I speak to him.

If you have concern about a child's development you can make a referral online at <https://egov.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx> to the Arizona Early Intervention Program to receive a developmental screening or evaluation to determine if the child may be eligible for early intervention services. Child **must** be under 36 months of age. A confirmation email will be sent to the referral person with name and contact information of the AzEIP provider that will complete the developmental screening or evaluation.

Or contact Raising Special Kids directly to make a referral:

- **Phone:** 602-635-9799
- **Phone:** Bilingual 602-635-9810
- **Phone:** Outside of Maricopa: 1-888-592-0140
- **E-mail at:** AzEIP.Info@raisingspecialkids.org
- **Fax:** 602-357-1978

Once referral is received, if referral source is not the parent than no further information will be provided without parent's written consent.

In the Referral Please Include:

- Parents names, and contact information;
- Child's name and date of birth
- Reason for referral, areas of concern

After Referral, the referral source should be prepared to :

- Submit, with parental consent, any screening protocols, completed evaluations, or medical documents that support eligibility determination to the assigned AzEIP Contractor;
- Any updated contact information for the parent; and
- Assist the assigned AzEIP contractor with connecting with the parent.



What is AzEIP?

AzEIP is a collective effort of participating agencies, private and public programs, and community members involved in providing services and supports to families and children with special needs.

Child's Information: Información del Niño(a):

*Child's First Name: Primer Nombre del Niño(a): *Child's Last Name: M.I.:
*Apellido del Niño(a): Inicial:
Child's Date of Birth: Fecha de Nacimiento del Niño(a): Example: 08/27/2001
Ejemplo: 08/27/2001
*Child's Zip Code: Código Postal del Niño(a): Zip Code Unknown
Código Postal Desconocido
Child's County: País del Niño(a):
Language of Child's Family: Idioma de la Familia del Niño(a)

Child's Parent/Caregiver Contact Information: Información del Padre/Guardián del Niño(a):

Parent/Caregiver Name: Nombre del Padre/Guardián:
Home Phone: Teléfono de Hogar: Example: (602) 123-1234
Ejemplo: (602) 123-1234
Work Phone: Teléfono del Trabajo: Ext:
Message Phone: Teléfono para dejar Mensaje: Ext:
Best Time to Contact: Mejor Tiempo para Llamar: Example: Mon-Fri, after 6pm
Ejemplo: Lun-Vier, después de las 6pm
Language Spoken: Idioma que se Habla:
Email Address: Correo Electrónico:
Street Address: Dirección de Domicilio:
City: Ciudad:
State: Estado:
Zip: Código Postal:

Check this box if this child is a Native American and lives on a Reservation.

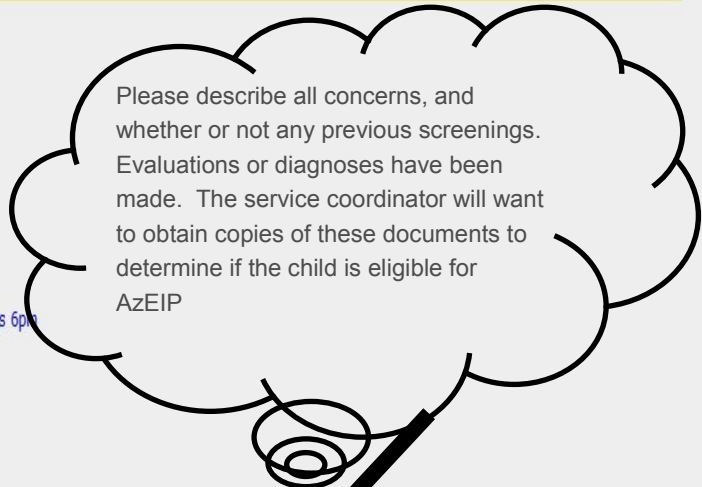
Seleccione esta caja si este niño(a) es un Nativo Americano y vive en una Reservación.

In the box below, briefly describe concerns or reasons for referral, and any screening that has been done.

En la caja de abajo, describa brevemente preocupaciones o razones para la referencia, y cualquier inspección que se halla realizado.

Concerns:
Preocupaciones:

Smooth Way Home Referral
Diagnosis of Trisomy 21



Next|Siguiente

I understand a representative of AzEIP will be contacting the child's family about early childhood intervention services.
Comprendo que un representante de AzEIP se pondrá en contacto con la familia del niño(a) acerca de los servicios de intervención de infancia.
 The child's family is aware that I am making this referral. [La familia del niño(a) está enterada que estoy haciendo esta referencia.
 The child's family is not aware that I am making this referral. [La familia del niño(a) no está enterada que estoy haciendo esta referencia.

Submit|Someter