Children's Integrated Services: Part C Early Intervention
Initial Intake Referral Supplemental Form

The Initial Intake Referral Supplemental Form is to be completed and sent to the Children's Integrated Services (CIS) Unit for all referrals to the Part C Early Intervention (EI) Program and must be accompanied by the Referral Form (http://cispartners.vermont.gov/forms).

Reporting Period:	AHS Region:	Supervisory Union Name:	Date of Referral:

A. Child's Information

Child's Name:	Date of Birth:	SSN or UID with written consent:	Gender: ☐ Male ☐ Female

Ethnicity:	Race: *(check only one)*	
☐ Hispanic	☐ American Indian or Alaskan Native	☐ Native Hawaiian or Pacific Islander
	☐ Asian	☐ White
	☐ Black or African American	☐ Two or more

Does the child have an Educational Surrogate? *(Children in state custody must have one)*

☐ Yes ☐ No ☐ Requested

Insurance Information:

☐ Medicaid (Dr. Dynasaur) ☐ Private Insurance ☐ Unknown

Assigned CIS Service Coordinator's Name:

B. Referral Information

1) Source of the Referral: *(check only one)*

☐ Child Care Program/EHS/HS/PCC	☐ Primary Health Care Provider
☐ DCF – Family Services Division	☐ School/EEE
☐ Family (includes foster parents)	☐ Other: _____

2) Reason(s) for the Referral: *(check all that apply)*

☐ Adaptive	☐ Motor/Physical
☐ Behavioral	☐ Social/Emotional
☐ Cognitive	☐ CAPTA (victim of a substantiated case of abuse/neglect)
☐ Communication	☐ Other: _____
☐ Hearing/Vision	

By sending this form to the CIS Unit, the agency affirms that the information provided is accurate, current, and compliant with CIS guidance (http://cispartners.vermont.gov/manual).

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