**Seattle Children’s**

**Early Intervention Intake Form**

TO ENSURE APPROPRIATE AND MORE TIMELY SCHEDULING, PLEASE COMPLETE THIS INTAKE and inform the family of the referral.

EXTERNAL/COMMUNITY REFERRALS: FAX TO 206-987-8081, ATTN: Referral Triage

INTERNAL/SCH REFERRALS: SEND TO AUT INTAKE REFERRAL TRIAGE

CHILD's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child/family criteria - If any of these DO NOT apply, they are not appropriate for EI**

* + Coverage is through Medicaid (Molina, Apple, United Health, CHPW, coordinated care)
	+ Patient is under 6 years old
	+ Child is NOT currently enrolled in another ABA program
	+ Family can travel to Magnuson Monday-Thursday, 3 hours every day
	+ Family can participate in required parent training each week

Child enrolled in birth-three program or preschool?

* Yes
* No

How soon is the family available to start in the ABA EI program?

* ASAP
* 1-3 months
* 3-6 months
* Keep on wait list and call when there are openings

Which session would the family like to participate in?

* AM (9am-noon)
* PM (1pm-4pm)

Other Concerns of Note/Helpful Information to Inform the Referral?

• Are there transportation barriers? Medicaid transportation can be arranged

• Will they have siblings or childcare concerns?