AGENCY OR DOCTORS CHILD FIND REFERRAL (Children Ages 3 to 5 Years)

1531 Winthrop St. Jacksonville FL 32206
Phone (904) 346-4601 Option 1, www.fdlrscrown.org

FOR CLAY / DUVAL / NASSAU COUNTIES

Please e-mail this completed from to www.fdlrscrown.org

Referring Agency: _____ **Phone:** _____

Contact Person: _____ **Phone:** _____

COUNTY OF RESIDENCY Select County

CHILD'S LAST NAME: _____ **FIRST** _____ **MIDDLE**_____

DOB _____ ☐**M** ☐**F** **RACE** _____ **BIRTH (CITY/STATE)** _____

This Information is Required to Process Referral

CHILD LIVES WITH: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER _____

MOTHER'S NAME _____ FATHER'S NAME_____

LEGAL GUARDIAN _____ RELATIONSHIP_____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ OTHER: _____

CELL (MOTHER): _____ Text: ☐Yes ☐No CELL # (FATHER): _____ Text: ☐ Yes ☐No

EMAIL: _____ MEMBER OF MILITARY ☐ YES ☐ NO

LANGUAGE(S) SPOKEN IN HOME IF OTHER THAN ENGLISH? _____INTERPRETER NEEDED: ☐ YES ☐ NO

IS THERE A CASEWORKER? IF YES, NAME: _____ PHONE: _____

ORGANIZATION: _____ EMAIL: _____

PRESCHOOL/CHILD CARE PROVIDER: _____

REASON FOR REFERRAL (Mark all that apply):

- ☐ **SPEECH** (hard to understand, talking is not clear)
- ☐ **HEARING** ☐ **VISION**
- ☐ **EXPRESSIVE LANGUAGE** (few words in vocabulary, doesn't put many words together in sentences)
- ☐ **FINE MOTOR SKILLS** (holding, drawing, grasping, picking up small objects)
- ☐ **RECEPTIVE LANGUAGE** (doesn't seem to understand difficulty following directions)
- ☐ **GROSS MOTOR SKILLS** (clumsy, falls a lot, poor coordination, or balance)
- ☐ **SOCIAL EMOTIONAL** (interaction w/others, social skills)
- ☐ **BEHAVIOR** (aggressive, harms self or others, inattentive, active)
- ☐ **DEVELOPMENT** (seems behind, difficulty retaining info.)
- ☐ **SELF HELP** (independent functioning, toileting, feeding, dressing)

PREVIOUS TESTING? ☐ YES ☐NO: WHERE? _____

MEDICAL DIAGNOSIS ☐ YES ☐ NO SPECIFY: _____

CURRENT SERVICES: ☐ SPEECH/LANGUAGE ☐ OT ☐ PT ☐ BEHAVIOR LOCATION_____

OTHER: _____

_____

(BELOW FOR FDLRS' USE ONLY)

Appointment Scheduled: _____ **Intake By:** _____
Place **Date** **Time**

DBNUM_____ **Assigned to:** _____ **Date Entered in CHRIS:** _____

NOTES: _____

CLOSED/INACTIVE DATE: _____ **REASON:** _____

REVISED 3/29/22