



**REFERRAL FORM FOR
REGION ONE ECI SERVICES**

Date: _____

Child's Name: _____

Child DOB: _____ Sex: M F Medicaid # _____

Parent's Names: _____

Parent's Address: _____

Parent's Mailing Address: _____

City: _____ Zip code: _____ Language: _____

Phone # _____ Alternate # _____

Parent's Email Address: _____

How did you hear about ECI? _____

Has the parent/guardian been informed of the referral? YES NO

Reason for Referral required (check all that apply):

Global Speech/Language Social-emotional Cognition

Adaptive/Self Help Physical/Motor Fine Motor Other: _____

Diagnosis (if applicable): _____

Physician/ Pediatrician: _____

Referral Source Information

Agency: _____

Contact Person: _____

Address: _____ City: _____ Zip Code: _____

Email address: _____

Phone # _____ Fax: _____

**The Region One Early Childhood Intervention Program
provides services to families residing in the following areas.**

CAMERON COUNTY – PHONE: (956) 984-6131
FAX: (956) 984-7648

BROWNSVILLE: 78520, 78521, 78523, 78526, 78522
COMBES: 78535
HARLINGEN, PALM VALLEY, PRIMERA, RANGERVILLE: 78550, 78551, 78552, 78553
LA FERIA: 78559
LOS FRESNOS: 78566
LOS INDIOS: 78567
LOZANO: 78568
OLMITO: 78575
SOUTH PADRE ISLAND: 78597
RANCHO VIEJO: 78575
PORT ISABEL, LAGUNA VISTA, LAGUNA HEIGHTS: 78578, 78597
RIO HONDO: 78583
SAN BENITO: 78586
SANTA MARIA: 78593
SANTA ROSA: 78593

WILLACY COUNTY – PHONE: (956) 984-6131
FAX: (956) 984-7648

LASARA: 78561
LYFORD: 78569
PORT MANSFIELD: 78598
RAYMONDVILLE, SANTA MONICA, ADAMS GARDENS: 78580
SAN PERLITA: 78590
SEBASTIAN: 78594

Fax referrals to (956) 984-7648 or email at ecireferrals@esc1.net

For information on making a referral to ECI, please visit our website at: [Early Childhood Intervention - Region One Education Service Center](#) or scan the QR code below from your mobile device.



[List of Qualifying Medical Diagnosis for ECI](#) Services can be found by clicking on the hyperlink. Contact one of our offices today!