



BabyNet Referral

Primary referral sources, including hospitals, physicians health care providers, social service agencies, day care providers, therapists, etc., are required to refer a child, birth to three years of age who may benefit from early intervention services, to BabyNet within two working days after identification (34 CFR Sec.303.321). Once referred, BabyNet will ask the parent(s)/ guardian for consent before determining eligibility.

1. CHILD INFORMATION

Referral Date:	Child's Last Name:	Child's First Name:	MI:	SSN:
DOB:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Address:		
City:	County:	State: SC	Zip Code	
Medicaid #:	Other Insurance Information:		BabyTrac #:	

2. PARENT/GUARDIAN INFORMATION (USE FOSTER PARENT IF IN FOSTER CARE)

Parent (s) Guardian:		Relationship:		Home Phone:	
Work Phone: () ()	Cell Phone: () ()	Other Phone: () ()	Email Address:	Best way to reach parent?	
Primary Language/Mode of Communication:			Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. REASON FOR REFERRAL

Suspected developmental delay
List developmental area (s) of concern:

Developmental screening completed? Yes No Unknown
Referral Source is requested to send Developmental Screening results to the local SPOE* office at time of referral.

Condition associated with a high probability of developmental delay
List any medical diagnosis:

Child is currently hospitalized: Yes No

CAPTA Referral: *The Child Abuse and Prevention Treatment Act (CAPTA P.L. 108-36) requires the South Carolina Department of Social Services to refer infants and toddlers birth to three, with indicated abuse or neglect and those affected by substance abuse to the BabyNet System.*

Indicated child maltreatment Identified as affected by illegal substance abuse, or withdrawals for prenatal drug exposure.

Worker safety precautions recommended:

4. ADDITIONAL REFERRAL INFORMATION

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5. REFERRAL SOURCE

Name:	Title/Agency:		
Address:	City:	State:	Zip Code:
Phone Number: ()	Fax:	Email Address:	

6. BABYNET REFERRAL CONTACT INFORMATION

*Local BabyNet System Point of Entry Office: http://www.scfirststeps.org/BabyNet/Policies%20and%20Procedures/Appendix2.pdf	CHILD FIND 1.877.621.0865
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