

INSTRUCTIONS
BN023
BabyNet Referral

A. Purpose

The purpose of this form is to obtain information on children birth to three years of age referred to the BabyNet system.

B. USES

This form is completed by local BabyNet system point of entry (SPOE) personnel when referral is received.

This form may also be completed by referral sources and mailed or faxed to the local BabyNet SPOE office. Addresses and fax numbers are available at:

<http://www.scfirststeps.org/BabyNet/Policies%20and%20Procedures/Appendix2.pdf>

C. INSTRUCTIONS

1. Child Information: Enter the date of referral, child's last and first name, middle initial, social security number, date of birth, gender, address, including city, county and zip code. Enter child's Medicaid number and other insurance information as available from referral source. BabyTrac number will be added following System Point of Entry addition of referred child to BabyTrac data System.
2. Parent/Guardian Information: Enter the name of the parent(s) or guardian for the referred child and the relationship. When child is in foster care, use the name of the foster parent. Enter home phone, work phone, cell phone, and other phone number, and email address as available. Indicate the best way to contact the family, (i.e., phone, mail, email, etc.). Enter the primary language or mode of communication for the family and indicate if an interpreter is needed.
3. Reason for Referral:
 - a. Check 'Developmental delay' when child is suspected of having a developmental delay. List developmental areas of concern. Indicate if a developmental screening has already been completed.
 - b. Check 'Condition associated with a high probability of developmental delay' when child is referred due to one of the BabyNet Established Risk Conditions, (<http://www.scfirststeps.org/BabyNet/Policies%20and%20Procedures/Appendix3.pdf>.) Indicate if the child is currently hospitalized.
 - c. Check CAPTA Referral when child is referred by Department of Social Services with indicated abuse or neglect or identified as affected by illegal substance abuse or withdrawals for prenatal drug exposure.
Indicate what worker safety precautions, if any, are recommended.
4. Additional Referral Information: Include any other information shared by the referral source regarding child's developmental issues.
5. Referral Source: Enter the name, title/agency (as applicable), address, phone, fax, and email address of the individual providing referral information.
6. BabyNet Referral Contact Information: Enter the local BabyNet SPOE office receiving referral.