



EARLY CHILDHOOD INTERVENTION (ECI) SCREENING REFERRAL CHILD PROTECTIVE SERVICES (CPS): EDUCATION

Purpose: Use this form to make a referral to ECI for screening services for a child under the age of three.

Directions: The caseworker completes the requested information at the appropriate stage of service. Fax or email over a secure line to the local ECI program. See: <https://citysearch.hhsc.state.tx.us/>

ECI SCREENING REFERRAL		
<p>Note: Only use this referral for screening a child under three years of age if the child meets at least one of the following criteria:</p>		
<p>Alternative Response (AR) Stage:</p> <p><input type="checkbox"/> Disability or developmental delay suspected during the course of AR- refer within two days of need being identified</p>		
<p>Investigation Stage - Case Closed</p> <p><input type="checkbox"/> Abuse or neglect <i>Ruled Out or Unable to Determine</i>, case closed - refer if suspect disability or development delay within two days of need being identified</p> <p><input type="checkbox"/> Abuse or neglect substantiated (<i>Reason to Believe</i>), case closed - no referral (IMPACT generates letter with ECI resource information to all families in this category)</p>		
<p>Family Based Safety Services (FBSS) Stage</p> <p><input type="checkbox"/> Abuse or neglect substantiated (<i>Reason to Believe</i>) - refer all designated victims under three years of age to ECI for screening within ten business days of the case being transferred to the FBSS unit</p> <p><input type="checkbox"/> Disability or development delay suspected during course of FBSS - refer within two days of need being identified</p>		
<p>Conservatorship Stage</p> <p><input type="checkbox"/> If the child is in CPS conservatorship and is eligible for STAR Health, no referral should be made until the child has had a screen with a STAR Health provider. The STAR Health provider will refer the child to ECI, if appropriate.</p>		
<p>Exceptions</p> <p><input type="checkbox"/> Disability or developmental delay suspected and the child's condition requires intervention prior to the child's initial or next Texas Health Steps exam - refer within two business days of the need being identified after consultation with supervisor</p>		
<p><i>Note: A child suspected of having a disability or developmental delay includes a child showing signs of being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.</i></p>		
ECI Referral Fax:	ECI Email:	ECI Referral Telephone:

SECTION 1. CHILD'S INFORMATION

Referral Date:	Child's Name:	Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
Child's Physical Address:	City:	State:	Zip Code:

SECTION 2. CAREGIVER INFORMATION

Child is placed with:
 Biological Parent(s) Foster Parent(s) Adoptive Parent(s) Relative Other

Parent or Caregiver's Name:	Primary Language:	Cell Phone:	Home Phone:
-----------------------------	-------------------	-------------	-------------

Address (if different from address listed in Section 1):

SECTION 3. REFERRAL CONCERNS IF ANY

Suspected development delay in the area of:

<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Self-feeding, Dressing, etc.	<input type="checkbox"/> Vision/Hearing
<input type="checkbox"/> Physical/Motor	<input type="checkbox"/> Playing and Learning	<input type="checkbox"/> Social/Emotional

Other:

Medical Diagnosis, if known:

SECTION 4. CPS INFORMATION

CPS Caseworker's Name:	Fax Number:	Cell Number:	Phone Number:
Address:	Email Address:		
Supervisor's Name:	Phone Number:		

Was the child found to be victim of a substantiated case of abuse or neglect? Yes No

Information or concerns ECI staff should be aware of:

SECTION 5. MEDICAL INFORMATION

Child's Primary Physician:

Phone Number:

Medical Conditions, if known:

Who saw the child in the past for sick visit, well child visits, and immunizations? (if other than primary physician)

Recent medical treatment(s) or hospitalization(s), if known:

SECTION 6. INSURANCE

- Medicaid #
- CHIP #
- SSI #
- Private Insurance #
- Unknown