



TITLE: _____

Your assistance is requested to obtain health information for the child listed below to assist in eligibility determination and service planning. **A signed authorization to obtain medical information is attached.**

☐ **For Initial Eligibility** ☐ **For Annual Eligibility** **Date information is needed:** _____

Section 1: CHILD INFORMATION			
Child's Name: _____ <div style="display: flex; justify-content: space-between;"><i>First Name</i><i>MI</i><i>Last Name, Suffix</i></div>			
DOB: _____	Parent Name: _____		Phone: _____
Address: _____			
City: _____	State: _____	Zip Code: _____	
Section 2: PHYSICIAN INFORMATION			
Name: _____			
Address: _____			
Email: _____	Phone: _____	Fax: _____	
Section 3: HEALTH STATUS		DATE OF CHILD'S LAST VISIT:	
Is this child at substantial risk for developmental delay based upon medical history or current status?		NO	YES
If YES, please describe: _____			
Does this child have a diagnosed medical condition(s) that may impact development?		NO	YES If YES, please list: _____

Did this child have intrauterine exposure?		NO	YES If YES, please describe: _____

Does this child have a diagnosis of NAS or NOWS?		NO	YES If YES, please list: _____

Does the child have a diagnosis of chronic otitis media?		NO	YES
Has a referral been made for a hearing evaluation?		NO	YES
If YES, Audiologist: _____			
Does this child present with a vision concern?		NO	YES
Has a referral been made for a vision evaluation?		NO	YES
If YES, Optometrist/Ophthalmologist: _____			
_____		_____	
Signature of primary healthcare provider or designated representative		Date	
Section 4: REGIONAL ADMINISTRATIVE UNIT INFORMATION <i>Thank you for your assistance. Please return this form to the regional administrative unit listed below or call if you have questions about this request.</i>			
Date of Records Request:	_____		
Regional Administrative Unit:	_____		
Contact Name: _____			
_____		_____	_____
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
_____		_____	_____
<i>E-mail:</i>		<i>Phone:</i>	<i>Fax:</i>
_____		_____	_____