



EARLY START REFERRAL FORM

Primary Referral Source

Name: _____

Agency: _____

Telephone: (____) _____

Name of Infant: _____

Date of Birth: _____

Parents: _____

Street Address: _____

City and Zip Code: _____

Telephone: (____) _____

My signature below indicates that the brochure, "COULD YOUR BABY BENEFIT FROM EARLY INTERVENTION SERVICES?" was given to me and explained to me by the person whose name is above.

(Check one)

- I will call for a referral right away.
- I would like the person above to make the referral call for me. My signature authorizes the person to provide information about my child to Ventura County Early Start.
- I do not wish to make a referral now, but I understand I may call at any time.

Signed: _____ (parents)

Date: _____

Primary Referral Source retains this portion.



YOUR RECORD

Name of person who gave you this brochure:

Agency: _____

Telephone: _____

Date: _____

Decision made by me:

- Call for a referral right away.
- The person above will call for me.
- I do not wish to make a referral right now but I understand I may call at any time.

Whether or not you would like a referral, if you would like to talk with another parent of a child with special needs, call **Rainbow Connection Family Resource Center** at 1-800-332-3679 or (805) 485-9643.

If you have questions or concerns about services offered to your child and your family, you have the right to appeal. Call (805) 485-3177 Ext. 0, or write:

Interagency Coordinating Council
c/o Ventura County SELPA
5100 Adolfo Road, Camarillo, CA 93012
(805) 437-1560 Fax: (805) 437-1599
www.venturacountyselpa.com

*This program mandated by:
Individuals with Disabilities Education Act (IDEA) - PL-108-*



SERVICES

Types of services which may be appropriate may include, but are not limited to:

Infant Services

- ☺ Developmental Intervention
- ☺ Hearing and Vision Services
- ☺ Speech and Language Development
- ☺ Occupational and/or Physical Therapy
- ☺ Behavioral Consultation
- ☺ Oral Motor Development
- ☺ Group Services
- ☺ Home-based Services

Family Services

- ☺ Parental support and counseling
- ☺ Assistance with referrals to other social services
- ☺ Assistance with entry into appropriate programs at age 3.

Services are provided at no cost to families.

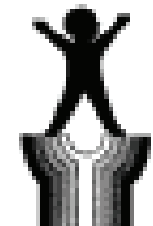


VENTURA COUNTY EARLY START



*Program for Infants and
Toddlers (from birth up to 36
months) and their families*

COULD YOUR BABY BENEFIT FROM EARLY INTERVENTION SERVICES?



Services available to the infant and family are coordinated in cooperation with community agencies, including the infant development programs, Children's Medical Services, intensive care nurseries, Tri-Counties Regional Center, Ventura County Special Education Local Plan Area, Behavioral Health and Public Health Departments. The project coordinates the skills of community professionals and works with the family in providing a comprehensive and individual plan for services.



YOUR BABY'S DEVELOPMENT

The age span at which children develop can vary among individuals. However, if you, your doctor, or another person is concerned about any of the areas listed below, you might want to consider a referral for Early Intervention Services.

Social - emotions, behavior with others

Self-Help - activities of daily living

Physical - large and small motor skills

Communication - pre-speech and language

Cognitive - thinking and problem-solving

**WE CAN HELP
YOU GET STARTED**



HOW TO MAKE A REFERRAL FOR EARLY INTERVENTION SERVICES... AND THEN WHAT?

YOUR FIRST CALL SHOULD BE TO:

If you live in Ventura County: Early Start Intake Representative, Tri-Counties Regional Center, at (805) 485-3177 ext 0, or at 1-800-664-3177.

If you live in Northwest Los Angeles County: Early Start Intake Representative, Northwest Los Angeles County Regional Center, at (818) 778-1900.

1. The Intake Representative will ask you some questions about your child, so it will be helpful to have family records at hand.
2. Within a few days, you will receive a letter indicating the name of the service coordinator who will be your contact person for the next 45 days. You may call this person at anytime if you have concerns.
3. Next, an appointment will be made for a visit in your home, or at another location as you choose.
4. The Service Coordinator & possibly another specialist will meet with you to discuss your concerns and priorities for your child. The Coordinator will also spend some time with your child to determine his/her strengths and needs, and his/her eligibility for services. It will speed the process to have available your child's medical records and other documents.
5. At the time, if your child is eligible, all the available services will be explained to you. You and your Service Coordinator will plan for your Individualized Family Service Plan (IFSP) Meeting - (who to invite, services to be considered, etc.). You will decide on a place and time to hold the IFSP.
6. Within 45 days of your call, the IFSP Meeting will be held. We will work with you to develop a plan for services for your baby that fits your family's needs.
7. Services begin as soon as possible. Your Service Coordinator will be your main contact for updates and changes in your baby's program. If at any time you choose **not** to continue services, just let us know.

