Referral and Intake

Intake Person:	☐ Previously Referred for Early Intervention Services
☐ Male ☐ Female	Referral Date:
Child Name:	School District: ☐ Logan ☐ Cache ☐ Box Elder ☐ Rich
Birth Date:	Referral Source:
Weeks Early: ☐ Not premature	Primary Care Physician:
Parent: ☐ Declined	Parent: ☐ Declined
Address: Apt #:	Alternate mailing address (i.e PO Box etc): ☐ N/A
Cell Phone: Home Phone:	Cell Phone: Home Phone:
Email: ☐ Declined	Email: ☐ Declined

Do parents want emails sent to them?: ☐ Yes ☐ No Do parents want texts sent to them?: ☐ Yes ☐ No

Child's Medicaid/CHIP#: ☐ Child does not have Med/CHIP ☐ Get Med/Chip# at time of visit

Primary Language: ☐ English ☐ Spanish ☐ Other:

Secondary Language: ☐ English ☐ Spanish ☐ Other:

Preferred Evaluation Language: ☐ English ☐ Spanish ☐ Other:

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Parent Declined/Staff Observation

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/other Pacific Islander ☐ White ☐ 2 or more races

Family Concerns (Other Concerns in BTOTS)

*ASD Questions on Back

Feeding Concerns? ☐ Yes ☐ No	**BDI Evaluation Date**:	**BDI Evaluator:**

ASQ Risk Areas: ☐ Expressive Communication ☐ Receptive Communication ☐ Gross Motor ☐ Fine Motor ☐ Problem Solving/Cognitive ☐ Social/Emotional (Personal-Social) ☐ Adaptive ☐ Autism ☐ Articulation ☐ Sensory ☐ Diagnosis ☐ Premature ☐ Behavior

Best Times for Visit	**BDI Email Packet Sent? ☐ Yes ☐ No**
Best times to call: ☐ Morning ☐ Afternoon ☐ Evening ☐ Specific time(s):_____ Best times to visit: ☐ Morning ☐ Afternoon ☐ Evening ☐ Specific time(s):_____ ☐ **Virtual Consent Discussed**: ☐ Yes ☐ No	Child Added in WellSky (With UP #, Admit date etc..) ☐ Yes ☐ No Service Coordinator: UP #: **BDI PN SENT?:** ☐ Yes ☐ No

Referral and Intake

Parent Agreement: Virtual Visit

Child Name:_____ Child BTOTS ID:_____ Date:_____

Intake staff:_____

Intake office staff directions: Document parent decision to do VHV or does not as the **FIRST sentence** in the BTOTS referral tab, Referral Notes section. Add a new alert, if Parent **does not** agree to VHV. SC can remove this alert when the child exits.

Read the following

1. Up to 3 is primarily providing services using zoom, a video conferencing system, due to COVID-19 health restrictions. We call these visits - Virtual Home Visits.
2. Up to 3 uses a professional version of Zoom and implements all suggestions to ensure the security of visits.
3. Up to 3 will not record any Virtual Home Visits without obtaining additional consent from you.
4. Ask: "*Do you have ☐ or Do you NOT have ☐ a computer, tablet, or smart phone and internet that will allow you to participate in a virtual visit*?"
    a. (read only if the parent "**<u>does not have</u>**")
    "*Because you stated that you do not have access, I will inform your service coordinator. We will determine a reasonable way to provide evaluation, IFSP and services duringCOVID-19 restrictions"*.
5. The cost for the family's computer, tablet, smart phone and internet are the responsibility of the family.
6. All visit notes and other documents can be accessed through the BTOTS Parent Portal at your convenience. The Service coordinator will explain to you how to access them.
7. Do you accept or decline the offer of Up to 3 providing services to you and your child using Virtual Visits? Accept ☐ Decline ☐

    If they decline, continue with intake and let family know that you will have their service coordinator contact them to determine how evaluation and services will be provided during the period of COVID-19 restrictions.

8. Did the family have any questions? Yes ☐ No ☐

Write (below) any questions that parent asked and your response. When the Up to 3 intake staff are unable to provide an adequate response to a parent's question an Up to 3 program administrator will call the family within 1 working day.

Put paper copy with other documents to be maintained in the child's paper chart.