## Child Find/Early On® Referral

Date:





Refer by phone: 1-800-EarlyOn (800) 327-5966

https://www.1800earlyon.org/

Ages 3-5 Refer by phone: 1-888-320-8384 http://www.buildupmi.org/

Child's Information			
Child's First Name:	Child's Last Name:		Birthdate:
Type of Birth: ☐ Single ☐ Twin ☐ Triple	et <b>Gender:</b> Male	☐ Female	
Ethnicity:   American Indian/Alaska Native	Asian Hispan	ic of any race	Two or more races
☐ Black or African American	☐ White ☐ Native	Hawaiian/Other Pac	ific Islander
Areas of Concern: Hearing	☐ Vision [	Communication	$\square$ Motor Skills $\square$ Thinking Skills
☐ Feeding/Eating	Social/Emotional	Environment	☐ Health
☐ Prenatal Drug Exposur	e 🔲 Premature Birth	Other:	
Parent/Guardian Information			
Parent			
Foster Parent Name:		Address:	
☐ Other: (Please Specify Below) What is the best time to call? School District:			
Interpreter needed: Yes No	If so, Language:		
Referring Person (if different than Parent,	/Guardian Information)		
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Name: Address:			
Title/Agency:			
City:		o Code:	
Work Phone: ()			
Email:			
		,	
Please Return to: Rachel Denis			
Early On Program Coordinator			
315 Armory Place			For Office Use Only:
Sault Ste. Mari	e, MI 49783	Date De	eceived:
906-632-3373			
FAX: 888-975-5		Referra	l Date:
rdenis@eupsch	iools.org		

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