



Early On of Ionia County Referral Information Sheet

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Ionia, MI 48846

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(office use only)
Assigned to:
Great Start Data Base ID Number

Date Request was Taken: \_\_\_/\_\_\_/\_\_\_ Referral Source: \_\_\_ Family aware of referral: Y or N
Address of Referral Source: \_\_\_ Phone No. \_\_\_

CHILD INFORMATION:

Last Name: \_\_\_ First Name: \_\_\_ Middle Int. \_\_\_
Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: M or F City of Birth: \_\_\_
Address: \_\_\_ City: \_\_\_ Zip \_\_\_
Phone:(\_\_\_) \_\_\_ Work:(\_\_\_) \_\_\_ School District \_\_\_
Ethnic Background: [ ] American Indian [ ] Black [ ] Hispanic [ ] Caucasian
Native Language: \_\_\_ Is there a need for a translator Y or N?

RESPONSIBLE PARTY INFORMATION:

Name of Caregiver: \_\_\_ Caregiver's Email: \_\_\_
Relationship: (please circle one) Natural Parent Foster Parent Grandparent Adoptive Guardian
Contact Information if different than above:
Address: \_\_\_ Phone: (\_\_\_) \_\_\_
Is child living with the biological parent or legal guardian? Y or N
If the answer to the above question is NO, please complete the following questions:
Have parental rights been terminated on the biological parents? Y or N
Is the child in foster care? Y or N Name of Foster Care Worker: \_\_\_ Phone: (\_\_\_) \_\_\_
Can the biological parents be located? Y or N If yes, please provide contact information:
Name: \_\_\_ Address: \_\_\_
Does a surrogate need to be appointed on behalf of his child? Y or N Name of surrogate: \_\_\_ Phone: (\_\_\_) \_\_\_

REASON FOR REFERRAL:

- [ ] Cognitive - learning new things; playing with toys in a variety of ways
[ ] Communication - follow directions, making sounds, using words, speaking in sentences
[ ] Social - smiling, interaction with other people, has a variety of emotions
[ ] Gross Motor - holding head, rolling, sitting, standing, walking
[ ] Fine Motor - using hands; reaching and holding onto toys, picking up things with fingers
[ ] Behavior - regulates emotions (is able to calm down and be soothed), gets along with others: appropriate behavior to get needs met (aka: no biting, hitting, pinching, throwing things)
[ ] Self-Help - eating and drinking; taking a bottle, using a spoon, diapering /toileting, dressing, sleeping
[ ] Health - Premature, lead exposure, failure to thrive, diagnosed health/established condition

PRESENTING CONCERNS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Input: How are you hoping we can help?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office use only:

Table with 2 columns: Directions to Home, Record of Contacts. Includes checkbox for Welcome Letter.