

# REQUEST FOR EARLY INTERVENTION PLACEMENT

(V1 7/15/19)

Linda Ray Intervention Center, University of Miami

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ELIGIBILITY REQUIREMENTS: Babies born prenatally exposed to cocaine or other opioids (mother report/documentation)  
Assessment meets Part C eligibility for developmental delays.

This Referral is made by: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

My Phone: \_\_\_\_\_ \*Child's Dependency Petition Attached

Program options Center Based  Home Based  (See Program Descriptions)

## CHILD'S INFORMATION

Child's Name: _____ *Medicaid # _____
*SSN: _____ *DOB: ____/____/____ * Gender/Ethnicity: _____
Address: _____ * ZIP Code _____ Phone: _____
Primary Language for Service Delivery: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CREOLE

Is the Child Currently in Foster Care  YES  NO-(IF NO, PLEASE SKIP & CONTINUE WITH PARENT INFO)

\* Caregiver: \_\_\_\_\_ Foster Home  Shelter  Relative  \_\_\_\_\_

Address: \_\_\_\_\_ \*Phone \_\_\_\_\_ or: \_\_\_\_\_

\*How long has the child been living with current caregiver? \_\_\_\_\_ Date Arrived: \_\_\_\_\_

## PARENT INFORMATION

Mother: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Custody Status/Visitation Status: \_\_\_\_\_

Father: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Custody Status/Visitation Status: \_\_\_\_\_

## AGENCIES & INDIVIDUALS INVOLVED WITH CHILD

Judge: \_\_\_\_\_ \*Child's Case#: \_\_\_\_\_

\*Caseworker: \_\_\_\_\_ AGENCY \_\_\_\_\_

\*Unit#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pgr/Cell: \_\_\_\_\_

GAL: \_\_\_\_\_ Other: \_\_\_\_\_  
(Name/Phone) (Name/Phone)

## STATUS OF EARLY INTERVENTION PLACEMENT (FOR LRIC USE ONLY)

Eligibility:  YES  NO Reason: \_\_\_\_\_

Placement:  YES, Start Dade: \_\_\_\_\_  NO, Not at this time. Expected Start Date: \_\_\_\_\_

Home Based  Center Based