



**TEXAS**  
Health and Human  
Services

*Early Childhood  
Intervention*

## BURKE ECI PROGRAM

### REFERRAL FORM

**1-877-205-3630 OR FAX (936) 633-7613**

Serving Angelina, Nacogdoches, Shelby, Sabine, San Augustine, Houston, Trinity, Tyler, Polk, San Jacinto, Jasper, & Newton, counties.

\_\_\_\_\_  
Date of Referral

\_\_\_\_\_  
Person making referral

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Title/Affiliation

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Street Address

Ethnicity: Is this child Hispanic or Latino?

Yes  No

Race: American Indian/Alaska Native  
please Asian  
circle Black/African American  
Native Hawaiian/Pacific Islander  
White

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Home Language

\_\_\_\_\_  
Interpreter Needed?

\_\_\_\_\_  
Parent Notified?  Yes  No

\_\_\_\_\_  
Contact Name (Parent/Guardian)

\_\_\_\_\_  
Contact person's relationship to child

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Physician's Name/City

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Child's SS#/Medicaid#

\_\_\_\_\_  
Phone Number / Cell Phone Number

**How did you hear about our program?**

I have made previous referrals

Doctor/Hospital: \_\_\_\_\_

Social Service Agency: \_\_\_\_\_

Child Care Center: \_\_\_\_\_

Radio/Newspaper: \_\_\_\_\_

Family/Friend: \_\_\_\_\_

Other: \_\_\_\_\_

**Reason for Referral:**

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

County/Case #: \_\_\_\_\_ / \_\_\_\_\_

Assignment of Initial SC: \_\_\_\_\_

IFSP Due (45-Days): \_\_\_\_\_