FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Referral Form

First Steps Point of Entry
c/o LifeSkills, Inc.
P.O. Box 6499
Bowling Green, KY 42102-6499
(270) 901-5749 or (800) 643-6233
Fax (270) 746-0729

FS-1A
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Parent/Child Contact Information

Child's Name: _____ Date of Birth: _____/_____/_____
Gender: ☐ Male ☐ Female Medicaid Card # _____
Hospital of Birth (If Known): _____ Gestational Age: _____wks.
Child resides with (Circle): Parent Legal Guardian Foster Family
Name: _____
Address: _____
Home Phone:_____ Other Phone: _____
If family has no phone, contact person: _____
Relationship to child:_____ Phone:_____
Primary Language spoken in the home: _____
Is child currently being seen by a NICU Program? ☐ Yes ☐ No
If yes, location of NICU Program: _____

Foster Parent Contact Information *(if applicable)*

Foster Parent(s):_____Phone: _____
Foster Parent(s) Address: _____
How long has the child resided at this residence? _____ Surrogate/Advocate? ☐ Yes ☐ No
If yes, Name: _____ Phone: _____
Assigned DPP Caseworker: _____ Phone: _____
E-mail: _____ Case Open? ☐ Yes ☐ No CAPTA? ☐ Yes ☐ No
Legal Status of child:
☐ Parental custody, rights intact ☐ Foster care, biological rights intact ☐ Foster care, parent rights terminated
Other/Explain:

Referral Source Contact Information

Your Name (Required):_____ Date of Referral: _____/_____/_____
Is the family aware you are making the referral? ☐ Yes ☐ No
Agency Name: _____ Phone: _____
Your Address: _____ Fax: _____
Your e-mail: _____

Reason(s) for Referral to Early Intervention

First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.

Please Check all suspected areas of developmental delay or concern that apply:

☐ Behavior ☐ Cognitive ☐ Motor/Physical ☐ Social/Emotional ☐ Speech Language

(Describe): _____

☐ Other (Describe): _____

☐ Health Concerns (Describe): _____

Audiological Exam completed? ☐ Yes ☐ No
Name of Audiologist: _____
Diagnosed Condition expected to lead to developmental delay: _____
ICD- Code(s):_____

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Kentucky UNBRIDLED SPIRIT