

Helping Us Grow (HUG) Prevention Initiative Program (Prenatal-3)

Child and Family Connections (CFC) #25 (Birth-3)

Autism Resource Center (ARC) (ASD or suspects ASD) Referral Form

Referral Phone: 815-477-4720, ext. 238 for CFC, ext. 234 for HUG & ext. 254 for ARC

Referral Fax: 815-788-0704 or 815-477-4700

CHILD'S INFORMATION

Has child or sibling been previously enrolled in EI: Yes No

First Name

Middle
Name

Last Name

Address

County

111- McHenry County

Also Known As

Date of Birth: _____ (or due date)

Age (months): _____

Gender

___ Male

___ Female

___ Unknown (prenatal)

Gestation (in weeks): _____

(40 weeks is full term)

Birth weight _____

Child's Primary Lang.: _____ Child's Race: _____

Child's Living Arrangement: _____

of immediate family in household: _____

Other children living in home (with DOB):

Insurance Type (Check all that apply)

___ Private

___ SNAP

___ CCAP

___ All Kids/Medicaid

___ TANF

___ None

___ WIC

Previous Screenings: ___ Yes ___ No

Where: _____

Name/Agency/Phone of who referred:

Reason for Referral (Concerns about development? Family stressors? Autism Spectrum Disorder or suspected ASD)

Referral: HUG CFC ARC

Concerns with hearing? _____

History of ear infections? _____ #

PHYSICIAN INFORMATION

Physician Name/Practice

Physician Phone:

Physician Fax:

PRIMARY CONTACT

SECONDARY CONTACT

Name:

Relationship:

Cell:

Email:

Preferred Lang:

DOB:

Name:

Relationship:

Cell:

Email:

Preferred Lang:

DOB:

Comments/Preferred method of contact (phone, email, text):

Name of Person making referral: _____

Date: _____

Phone: _____