



Early Intervention Referral Fax Form

TO:	CONNECT
FAX:	814-542-2025
PHONE:	800-692-7288
RE:	Early Intervention Referral

Parent consent has been provided to share the following information:

Parent/Child Contact Information

Child Name _____

Date of Birth _____

Gender _____

Parent/Guardian _____

Address _____

County _____

Phone _____ Email _____

Referral Source Contact Information

Person Making Referral _____

Practice/Office _____

Referral Reason _____

Date of Referral _____

Address _____

Office Phone _____ Office Fax _____

Email _____