

Western Early Childhood Intervention Services - Central Intake
Covering the following Early Childhood Intervention Services:

MELTON SHIRE COUNCIL	SCOPE Vic Ltd NORTH WEST SPECIALIST SERVICES	SPECIALIST CHILDREN'S SERVICES	UNCLE BOBS CHILD DEVELOPMENT CENTRE	NOAHS ARK WEST	YOORALLA WEST
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Child's Details (please print) Referral Date: _____

First Name: _____ Surname: _____

Date of Birth: _____ Male Female

Address: _____ Phone: _____

Suburb: _____ Post Code: _____

Local Government Area (LGA): _____ Country of Birth: _____

What are the Early Childhood Intervention Services?

Early Childhood Intervention Services (ECIS) provide a range of services for families with children with a diagnosed disability or developmental delay, prior to school entry, whose support needs are additional to those available through universal services.

Who is eligible for ECIS

A child is eligible for Early Intervention Services if he or she:

- 1 . is aged 0-6 (prior to school entry) **and**
- 2 . has a diagnosed disability or has a developmental delay which:
 - is the result of an intellectual, physical or sensory impairment **and;**
 - is likely to have a substantial long term impact on one or more of the following areas:
 - i. self care
 - ii. receptive and expressive language
 - iii. cognitive development
 - iv. motor development **which**
- 3 . results in the need for a coordinated range of services and special programs to support the child and family.

PARENTAL/GUARDIAN CONSENT

As the authorised representative of this child, I consent to a referral to Western Early Childhood Intervention Services. I give permission for the Central Intake Team to make contact with the referrer to discuss the referral. I understand that the above information will be recorded on the Department of Human Services database.

Signature: _____ **Print Name:** _____ **Date:** _____

Privacy Statement: *The information collected is recorded for planning and provision of Early Childhood Intervention Services. It will be maintained in accordance with the Public Records Act 1998, stored in a secure place and will be accessible only to authorised workers of Early Childhood Intervention Services (as listed at top of page). It will not be used for other purposes without first obtaining your consent unless there is a legal requirement to do so.*

If you would like more information about your privacy and how it is protected please ask for a copy of the Department of Human Services Privacy Policy, or find it on our website at www.dhs.services.vic.gov.au/privacy

Parent Details (please print)

Mother's Name: _____

Address: _____

_____ Post Code: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Parent Details (please print)

Father's Name: _____

Address: _____

_____ Post Code: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Who does the Child live with?

Mother Father Both Other

If other,

Name: _____

Address: _____

_____ Ph: _____

Who is the Child's legal guardian? _____

Siblings ? Yes No

If Yes, please list Name(s) and Date of Birth (DOB)

Name: _____ DOB: _____ M / F

Name: _____ DOB: _____ M / F

Name: _____ DOB: _____ M / F

Name: _____ DOB: _____ M / F

Interpreter required? Yes No Preferred Language: _____

Aboriginal &/or Torres Strait Islander? Yes No

Carers Allowance Yes No Applied for

Family Health Care Card Yes No

Does the Child have a diagnosed disability? Yes No

If **"Yes,"** diagnosis: _____

By whom? _____ ***Please attach all relevant reports**

Has the child been referred to a Paediatrician? Yes No Name: _____

****It is advisable that all children referred to ECIS are seen by a Paediatrician**

PROFESSIONALS INVOLVED

Please list anyone who is involved with your child (eg: GP, Paediatrician, Maternal & Child Health Nurse, Medical Specialist, Therapist etc.) and services your child attends (eg: Childcare, Kindergarten, Occasional Care)

Name	Profession	Address	Phone No	Permission to Contact
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD'S DEVELOPMENT

Please describe and detail parents and referrer concerns for child's development below. Attach all relevant reports.

Major area/s of concern:- _____

Other significant areas of concern:- _____

Parents comments/concerns:- _____

Other Relevant Information:- _____

REFERRER DETAILS

First Name: _____ Surname: _____
Position: _____ Service/Agency Name: _____
Address: _____ Suburb: _____ P/Code: _____
Phone: _____ Mobile: _____
Email Address: _____

FURTHER INFORMATION

Please attach any additional information supporting this referral eg: Assessments/Reports, key developmental assessments, letters from medical professionals, screening checklists etc.,.

Incomplete referrals will be returned to the referrer for further information including assessment reports.

Please return completed form to: Early Childhood Intervention Services (ECIS)
Central Intake
P O Box 224, Footscray, Vic, 3011
Ph: (03) 9275 7500 Fax: (03) 9275 7271