DEPARTMENT OF HEALTH & HUMAN SERVICES

Dev 5/12

DISABILITIES SERVICES DIVISION

Directions for Completing the BMCW Birth to 3 Referral Form

This form is for use by the Bureau of Milwaukee Child Welfare and contracted agencies to submit a referral to the Milwaukee County DHHS DSD Birth to 3 Program. The referral request may be for CAPTA or related to concerns noted in the referral regarding a child's development or diagnosed condition.

The required fields in this form must be completed to the best of your knowledge in order to provide the most efficient and effective response from the Birth to 3 Service Program.

Date: The date on this form is **completed** by your agency. The date of the form will coincide with the date the referral is actually received in the Milwaukee County Birth to 3 Program office.

Child's Name: First Name, Last Name Select the Gender and Enter the Date of Birth.

Consent to Screen: Consent to screen this child must be obtained and notice of this process and consent must be provided to the parent(s)/(guardian) prior to the screening taking place. This document must be submitted at time of referral in order for this referral to be considered complete. If it is not submitted you will be contacted to submit this document and complete another referral.

Ensure that the demographic information provided for the child is correct and current (parents' names, child's current address, out of home placement information and language needs).

Placement Information of the child and the Caseworker information must be filled out completely.

If the person making the referral is different from the caseworker the name and contact information must be entered so they can be reached to answer questions or concerns regarding the referral. Failure to enter this information may cause unnecessary delay in providing Birth to 3 services.

Type of referral: (more than one box may be checked)
CAPTA – check this box only if this referral is being made because the child has a substantiated finding of abuse or neglect.
Suspected Developmental Delay – check this box if you suspect that this child may be delayed in one or more of the developmental areas (cognitive, speech /language, motor, vision, hearing, emotional/behavioral or self-help)

Is this referral?
Re-screen – Once a child has been screened if the screening agencies noted that the child should be re-screened at a later date the caseworker (or assigned staff from the BMCW) must check this box when requesting that the child be screened again.
Routine Concern – Initial contact with the service coordination agency will take place within as soon as possible.
High Concern – The service coordination agency will make every effort to make initial contact with high priority.

Developmental concerns and Insurance information - Complete these areas with as much detail as possible.

Child Care Provider - If the child attends childcare this information is very important as Birth to 3 services may be provided in the childcare facility, which will determine the service coordination agency.

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DISABILITIES SERVICES DIVISION
BMCW Birth to 3 Referral Form

Dev 5/12

This form is for use by the Bureau of Milwaukee Child Welfare to submit a referral to Milwaukee County Birth to 3 Program. The referral request may be for CAPTA screening only or related to concerns noted regarding a child's development or diagnosed condition. This completed form may be emailed to **Birth_to_ThreeDSD@milwcnty.com** or faxed directly to the **Milwaukee County Birth to 3 program at (414)289-8564.**

Date:

Child's Name: M☐ F☐ **Date of Birth:**

Child's Birth Parent(s) Name:

Foster Parent Name:

Child's Address: **City:** **Zip:** **Phone:**
BMCW Child's Case Number:

Child's out of home placement date: Is this child's first out of home placement: ☐ Y ☐ N
How long has the child lived with current caregiver? Has caregiver been notified of B-3 referral: ☐ Y ☐ N
What is the child/family's preferred spoken/written language: Interpreter needed: ☐ Y ☐ N

Name of Assigned Caseworker: (select one) ☐ Initial Assessment
☐Ongoing Case Manager ☐ Safety Services Case Manager
Caseworker contact information (Phone): Region: Email:

Name of Person making referral: **Phone:**
By checking this box ☐, I attest that: Consent and written prior notice to conduct screening was completed and signed by the parent /guardian. The parent/guardian has received a copy of this consent and written prior notice and a copy of the parents rights document. A copy of this consent and written prior notice F- DSD BMCW, must accompany this referral.

What type of referral are you making? CAPTA ☐ Suspected Developmental Delay ☐

Is this referral? (Choose all that apply) Re-screen ☐ Routine Concern ☐ High Concern ☐
If high concern, please explain:

Suspected area(s) of Developmental Delay:
☐ **Cognitive**
☐ **Speech/Language**
☐ **Physical / Motor**
☐ **Vision**
☐ **Hearing**
☐ **Social/Emotional**
☐ **Self-Help**

Health Insurance Provider:
Primary Physician:
SS# or MA #:

Summarize Developmental Concerns:
Summarize Child's Strengths:
Birth History / Medical Information:
Family Information:
Previous Birth to 3 screening, evaluations or services:

Name of Child Care Provider:
Address of Childcare Provider:

Milwaukee County Department of Health and Human Services (DHHS)
Disabilities Service Division – Birth to 3 Program

F-DSD BMCW

CONSENT FOR DEVELOPMENTAL SCREENING and WRITTEN PRIOR NOTICE

Child's Name	Date of Birth:	Date Referral Received:

Once Milwaukee County Birth to 3 Program receives this consent form and a referral from you or a designated person, a screening to determine whether your child will qualify to move onto further evaluation from the Birth to 3 program. The screening process will be initiated upon the receipt of this signed consent form. The decision to conduct the screening is based on possible developmental concerns or Child Abuse Prevention and Treatment Act (CAPTA) stated by the referral source. No other options have been considered at this time however. If an evaluation of your child is recommended or requested during or after the screening you will be notified and consent will be obtained prior to any additional evaluations or assessments. A trained professional Birth to 3 staff person will screen the current developmental status of your child using the screening tool, **Ages and Stages**. The screening will be conducted at no cost to you; however, the Birth to 3 Program may bill your insurance with your consent.

If the Birth to 3 screener believes your child would benefit from further evaluation with written consent, Birth to 3 will schedule your child for an evaluation to determine eligibility for early intervention services through the Birth to 3 program. If an evaluation and any ongoing assessments is suggested, it will be based upon information that clearly identifies the reasons the evaluation/assessment is recommended. We will communicate with you about the results of the screening, and discuss options that integrate your family's needs, resources, concerns, and priorities related to enhancing your child's development. This is optional for your family, but is important if we are to jointly identify the outcomes and services that would best meet your child's needs.

During the course of the screening, members of the team will (1) Consult with you or designated person to identifying the developmental areas to be addressed in the screening and why they are important; (2) Identify your child's development in the areas listed below highlighting the rationale for the focused areas of development; and (3) Meet with you or designated person to develop a final report.

Screening areas: Communication, Motor, Problem Solving, Social Emotional, Vision /Hearing Concerns, Self-Help.

Before screening can begin, your consent is required. Before you sign below you should know:

1. Your consent for the screening is voluntary. You may refuse consent for particular screenings, evaluations or assessments while giving permission for others. You may stop this process at any time.
2. The recommended screening will be used in determining if your child should be evaluated for eligibility to receive Birth to 3 services.
3. You may withdraw consent at any time. Your consent remains in effect until it is withdrawn in writing.
4. If you withdraw your consent, the agency cannot do further evaluation or assessment.

Please read the parent and child rights documents enclosed with this notice.This is a summary of your rights; if you would like a full version, please let your Milwaukee County Birth to 3 Coordinator know by calling 414-289-6799.

PARENTAL CONSENT TO EVALUATE

By signing below, I acknowledge that I understand and received a copy of the Parent and Child Rights, I understand the actions and services and

☐ Give consent for the screen of my child.

☐ **Do Not Give Consent** for the screen of my child.

_____ _____
Signature of parent or legal guardian Date signed

_____ _____
Name of BMCW Staff reviewing this form with the parent/guardian Date signed

Rev 5/2012

Distribution: Original – Milwaukee County Birth to 3
Copy – Parent or Legal Guardian