

**DELAWARE COUNTY PUBLIC HEALTH SERVICES  
EARLY INTERVENTION PROGRAM**

99 Main Street  
Delhi, NY 13753  
Office: 607-832-5200 Fax: 832-6022

DATE: \_\_\_\_\_

45 DAYS: \_\_\_\_\_

**CHILD'S INFORMATION:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex:  M  F

Race:  White  Black  Asian  American Indian/Alaskan  
 Native Hawaiian/Other Pacific Islander  Other  Unknown

Ethnicity:  Hispanic  Non-Hispanic  Unknown

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**REFERRAL SOURCE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**REASON FOR REFERRAL:** (Please check one – attach additional sheets when appropriate)

- Indicated CPS Report
- At risk of having a developmental delay or disability
- Suspected of having a developmental delay or disability
- Other \_\_\_\_\_

Initial Service Coordinator Designated: \_\_\_\_\_

EIOD Designated: \_\_\_\_\_

Designated By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_