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|  | |  |  |  | | --- | --- | --- | | **Minor Child Information** | | | | **First Name:** Enter Text | **Last Name:** Enter Text | **Date of Birth:** Select DOB | | **Gender:** Choose an item. | **Race:** Choose an item. | **Ethnicity:** Choose an item. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Primary Adult Parent / Caregiver Information (main point of contact for program)** | | | | | | **First Name:** Enter Text | **Last Name:** Enter Text | | | **Date of Birth:** Select DOB | | **Gender:** Choose an item. | **Race:** Choose an item. | | | **Ethnicity:** Choose an item. | | **Address:** Enter Text | **City:** Enter Text | | **State:**  Enter Text | **Zip Code:** Enter Text | | **Phone #1:** Enter Text | **Phone #2:** Enter Text | | | **Email:** Enter Text | | **Is Caregiver 18 years or younger?**  Choose an item. | **If yes:**  Enter School if in School | | | **Grade:**  Enter Current Grade | | **Number of Minors in Household:** # Minors | | **Number of Adults in Household:** # Adults | | | | **Household Structure:**  Choose an item. | | **Highest Level of Education in Household:**  Choose an item. | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Secondary Adult Parent / Caregiver Information (if applicable)** | | | | | | **First Name:** Enter Text | **Last Name:** Enter Text | | | **Date of Birth:** Select DOB | | **Gender:** Choose an item. | **Race:** Choose an item. | | | **Ethnicity:** Choose an item. | | **Address:** Enter Text | **City:** Enter Text | | **State:**  Enter Text | **Zip Code:** Enter Text | | **Phone #1:** Enter Text | **Phone #2:** Enter Text | | | **Email:** Enter Text | | **Is Caregiver 18 years or younger?**  Choose an item. | **If yes:**  Enter School if in School | | | **Grade:**  Enter Current Grade | | **Number of Minors in Household:** # Minors | | **Number of Adults in Household:** # Adults | | | | **Household Structure:**  Choose an item. | | **Highest Level of Education in Household:**  Choose an item. | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child Grade:** Choose an item. | | **Eligible for free lunch:** Choose an item. | | | | **Check all that apply:** | VPK | Private Pay | School Readiness | Licensed |  |  |  | | --- | --- | | **Referral Information** | | | **Provide a detailed description for reason for referral to Inclusion Support Services:**  Enter reason for referral | | | **Person making this referral:**  Parent / Caregiver  Childcare  Other Provider | | | **If someone other than Parent / Caregiver, please provide:** | | | **Name:** Enter Text | **Address:** Enter Text | | **Telephone:** Enter Text | **Agency Name:** Enter Text |  |  |  |  | | --- | --- | --- | | **Childcare and After School Care** | | | | **If you child is in childcare or afterschool care, please enter the following information:**  **Program Name:** Enter Text | | | | **Address**: Enter Text | **City:** Enter Text | **Zip Code:** Enter Text | | **Phone Number:** Enter Text | **Email:** Enter Text | |  |  |  | | --- | --- | | **Other Involved Service and Supports** | | | **List other involved providers and services** | **Contact Person** | | Enter Text | Enter Text | | Enter Text | Enter Text | | Enter Text | Enter Text |  |  |  | | --- | --- | | Consent | | | By signing this form, I am giving consent for The Early Childhood Council’s Inclusion Support Services program to contact my child’s early care setting, conduct classroom observations, interview staff, schedule team/family meetings, and collect screening information from your child’s teacher in order to best meet your child’s needs in their early care setting.  *Inclusion Support Services does not provide evaluations, diagnosis, or therapy in service delivery.* | | | **Print Name:**  **Signature:** | **Date:** |  |  |  | | --- | --- | | **Return Completed Intake Form:** | | | **Fax:**  Inclusion Support Services Intake Coordinator  813-519-4792  Email to: [InclusionReferral@ecctampabay.org](mailto:InclusionReferral@ecctampabay.org) | **Print and Mail to:**  Inclusion Support Services Intake Coordinator  PO Box 130449, Tampa, FL  33681 |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **For Office Use Only** | | | | | | | | |  | |  | | | | | | |  |  |  | |  | | |  | | **Developmental Screenings:** | | | **ASQ-3** | | **ASQ SE2** | | | | **Teacher Demographics:** | | | **Received** | | **Scanned and entered** | | | | **Child Demographics:** | | | **Received** | | **Scanned and entered** | | | | **Date ILP Sent**: Select Date | | | | | | **Date Assigned:** Select Date | | | **Consultant:** Enter Text | | | | | | **Program Start Date:** Select Date | | | **Other Comments / Notes**: Enter Text | | | | | | | |   *Last Revised 2/13/23* |  |