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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. |

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| **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. |

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| **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. |

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| **Child Grade:** Choose an item. | **Eligible for free lunch:** Choose an item. |
| **Check all that apply:** | [ ]  VPK | [ ]  Private Pay | [ ]  School Readiness | [ ]  Licensed |

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| **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 |

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| **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 |

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| **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 |

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| 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:** |

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| **Return Completed Intake Form:** |
| **Fax:** Inclusion Support Services Intake Coordinator813-519-4792Email to: InclusionReferral@ecctampabay.org  | **Print and Mail to:**Inclusion Support Services Intake CoordinatorPO Box 130449, Tampa, FL  33681 |

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| **For Office Use Only** |
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| **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* |  |