

**Boulder County Public Health
Children with Special Needs Program**

www.BoulderCounty.org

Phone: 303.678.6064 • Fax: 720.864.6494



Child's Legal Name: _____ Boy Girl DOB: _____

Parent/Legal Guardian: _____ Parent DOB: _____

Parent/Legal Guardian: _____ Parent DOB: _____

Parent Phone Numbers: _____

Parent/Legal Guardian email: _____

Address: _____ City: _____ Zip code: _____ County: _____

Primary Language: English Spanish Other: _____

Referring Entity: _____ Insurance/Medicaid: _____

Reason for Referral to Children with Special Needs

Maternal risks (check all that apply):

- First time mother
- Difficulties with breastfeeding
- Maternal depression/Perinatal Depression
- Household tobacco use
- Previous perinatal loss
- Previous premature delivery
- Inadequate (or NO) prenatal care
- Maternal Medical Diagnosis _____
- Inadequate finances
- Possible maternal alcohol use/abuse

Infant risks (check all that apply):

- 1 week or longer stay in NICU/separation from family
Reason _____
- History of feeding difficulties in NICU
- Multiple Birth
- Premature birth (**less than 37 weeks gestation**)
Gestational age at birth _____
- Low birth weight (**less than 2500 grams** [5 lbs. 6oz])
Birth Weight: _____
- Frequent unnecessary ER/ urgent sick child visit

**Common Part C
Early Intervention eligible conditions:
(NOT an inclusive list)**

- Birth Weight of 1200 grams or less (2 lb 11oz)
- Apgar = 5 or less at 5 minutes
- Chromosomal syndromes (e.g. Down syndrome)
- Sensory impairments:
 - Vision
 - Hearing
- Congenital conditions (e.g. Cleft Palate)
- Metabolic disorders (e.g. hypothyroidism)
- Apparent Developmental Delay

*If any of these conditions are present
Refer to Early Intervention/Imagine!

**For a more complete list of established
conditions meeting eligibility, please visit EI
website:**

www.eicolorado.org

Other agencies/programs involved? CIP Genesis Nurse Family Partnership WIC

REFERRED BY: _____
Signature Agency/ Phone Number

Printed Name

Verbal permission from parent obtained to refer to Public Health Programs: Initials: _____ Date _____

For Office Use: