Smart Start New Hanover County
3435 S. College Rd. Suite F
Wilmington, NC 28412 910.815.3731

Early Care & Education • Behavior and Inclusion Support
Child Specific Referral Form

This section to be completed by program:

Program Name:_____

Complete Address:_____

Director:_____ **Phone:**_____

Email:_____

Teacher(s)':_____

Teacher(s)' Email:_____

Child's Name:_____

Reason for referral. Please provide as much information as possible._____

_____

_____

_____

Procedure for referral requests:

- Referral requests are on a first come-first served basis and dependent upon the consultant's caseload.
- Complete request and submit via our website
  - Print/fax: 910-815-3733
  - Print/scan/email: mindy.davis@newhanoverkids.org
- The assigned consultant will contact you to discuss your needs.

Smart Start Use Only

date request submitted:_____ consultant assigned:_____

fiscal quarter: 1 2 3 4

This section to be completed by parent/guardian:

Child's Name:_____ **Date of Birth:**_____

Complete Address:_____

Parent/Guardian Name(s):_____

Email:_____ **Phone:**_____

Program:_____

Service Providers (if applicable)

None: ☐ **DSS Case Manager:**_____ **Pediatrician:**_____

Early Intervention Service Coordinator (CDSA):_____

Other Physician:_____ **Occupational Therapist:**_____

Physical Therapist:_____ **Speech Therapist:**_____

Mental Health Case Manager:_____ **Other:**_____

Reason for referral. Please provide as much information as possible._____

_____

_____

Child's typical schedule of attendance:_____

Consent of Exchange of Client Information

This consent form shall be valid for up to one year from today's date_____ unless otherwise specified.

☐ I (parent) hereby authorize representatives from the agencies listed or written in below to exchange specified information regarding my child named above with Smart Start of New Hanover County.

Check all that apply:

☐ Dept of Social Services of_____County

☐ New Hanover County Schools ☐ Children's Developmental Services Agency (CDSA)

☐ Other_____

☐ I (parent) decline consent for exchange information between Smart Start and other agency representatives.

The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Parent/Guardian Signature:_____ Date:_____

Program Administrator Signature:_____ Date:_____

Teacher(s) Signature:_____ Date:_____