Early Childhood Connections
for Infants, Toddlers & Families

El Paso County
CHILD FIND REFERRAL
for children ages birth through 36 months of age

Referral Source

Name: Craig R. Webb, M.D. Agency: Evans Army Community Hospital

Complete Address: 7500 Cochrane Circle

Phone: 719-526-7653 Fax: 719-526-7673 Email: _____

Parents/Guardian Consent for Participation and evaluation/assessment (circle one) yes / no
Reason for Referral: _____

This program is voluntary and parents/guardians may exit and/or enter as they choose.

Child Information

First Name: _____ Last Name: _____ Middle Initial ____

Social Security Number _____, Date of Birth _____

(circle one) Male / Female, Race/Ethnic Origin _____, Hispanic (circle one) Y / N

Primary Language _____

Family Information Circle one: Parent Guardian Surrogate Parent Relative

First Name(s) _____ Last Name(s) _____

Complete Address (street) _____

(city) _____ (state) _____ (zip) _____

Home Phone _____ Work Phone _____ Alt./Message Phone _____

Military (circle one) Y / N, if yes, Military Sponsor Number _____

Insurance (circle those that apply) Private Medicaid/PCP Medicaid/HMO EPSDT None

School District _____ Neighborhood School _____

This box for use by RYCF, TRE, HCP and EHS only.

Referral Assignment
Service Coordinator Name _____ Agency _____

RYCF Office Use

Date Information Taken/Received _____ Information Received By _____
Date Entered into Data System (45 day timeline begins) _____ Entered (initial) _____

Information may be submitted by mail, phone, fax, or email by any primary referral source (§303.312 – hospitals, physicians, parents/family/guardians, daycare programs, local education agencies, public health facilities, social service agencies, and other healthcare providers)**, with parent/guardian permission.**

Phone: 719-577-9190 or 1-800-223-0545 **Fax: 719-577-9482** **Email:** rycf@rycf.org
Address: RYCF, 1120 N. Circle Dr. Suite 19, Colorado Springs, CO 80909

Primary Referral Sources will receive a copy of this referral form after it has been entered into the data system. The form will provide documentation that the Referral was received, to whom the family has been assigned and the date the 45 day time line was initiated (§303.312, e – 2).