



Riverside
Developmental
Disabilities

Early Intervention Services

Referral/Intake Form

*Miami County's Local Board of
Developmental Disabilities*

Please complete this brief form and return to the Early Intervention Services Team. An Early Intervention Service Coordinator will contact you within 48 hours for additional information as needed. Thank you!

*Denotes a required field.

Person making referral*: _____ Relationship/Agency*: _____

Address*: _____

Phone*: _____ Fax: _____ Email: _____

DEMOGRAPHIC INFORMATION:

Child's Name*: _____ D.O.B.*: _____ Sex: M F

Child Resides with Name*: _____ Relationship*: _____

Child Resides with Name: _____ Relationship: _____

Address*: _____

Home Phone*: _____ Cell Phone: _____ Texting: Y N

Email: _____ Best time to contact: _____

Primary Language: _____

HEALTH INFORMATION:

Pediatrician: _____

Birth History: Full-term Y N If no, weeks premature: _____

Medical Diagnosis: _____

REASONS FOR REFERRAL:

Concerns/Comments/Notes: _____

*For more information about Early Intervention Services, please contact
our Early Intervention intake at (937) 440-3099 or
at earlyintervention@riversidedd.org.*