

Making a Referral

Newborn to 36 Months

The Illinois Department of Human Services Early Intervention Bureau coordinates services for children under 36 months of age through a network of Child and Family Connections Offices (CFC). CFC 7 serves children living in central and west suburban Cook County.

The CFC arranges for evaluations and assessments of children to ascertain delays in one or more of the following areas of development: physical development, cognitive development, speech and language development, social or emotional development, and self-help skills. Families with eligible children receive an Individualized Family Service Plan (IFSP). The IFSP lists the services and supports that must be made available to the family.

Early Intervention services are paid for with a combination of government and family resources. The cost of some services are paid by the program and provided to families at no cost. These services include evaluation, assessment, development of a service plan, and service coordination. Services recommended in an IFSP may include, but are not limited to: physical therapy, occupational therapy, speech/language therapy, developmental therapy, psychological services and social work services.

Ongoing Early Intervention services are paid for by the families' health insurance, government insurance (All Kids/Medicaid), and program funds. Families contribute to the cost of services by paying fees based on a sliding scale.

CFC 7 Referral and Communication Process

Below is a description of an effective referral and communication process between a referring physician and Child Family Connections 7 (CFC) serving central and west suburban Cook County.

1. The physician should complete the **Illinois Standardized Referral Form** with the parent or guardian of the child.

If the physician is interested in receiving information about the outcome of the referral, be sure to check (✓) the appropriate boxes in Section 4 and have the parent or guardian complete and sign Section 6.

2. Fax the completed **Illinois Standardized Referral Form** to the CFC 7 office. Fax# (708) 449-7071.
3. CFC 7 will assign the family a service coordinator who must contact the family (usually by phone) within 2 business days.

Please share this information with the parent or guardian and let them know to expect a phone call.

4. CFC 7 will send the referring physician a completed **Illinois Early Intervention Program Referral Fax Back Form Part I** within 2 weeks. This section will inform the physician if:
 - a. The family has been scheduled for an evaluation;
 - b. CFC 7 has been unable to contact the family and would like the physician to assist them in making a connection;
 - c. The parent or guardian has asked that the physician contact him or her directly for results.
5. When an Intake is scheduled, CFC 7 will coordinate an evaluation of the child to determine eligibility for services and what services are recommended.
6. After eligibility is determined, the service coordinator will complete Part II of the Referral Fax Back form and send it to the referring physician. Other information may include:
 - a. **The Individualized Family Service Plan (IFSP) Summary** will be sent to the referring physician if the parent or guardian has authorized the release of this information by completing Section 6 of the Illinois Standardized Referral Form.

Note: Physicians who would like to receive a **FULL COPY** of the Individualized Family Service Plan should contact the service coordinator listed in Part I of the Referral Fax Back Form.

- b. The service coordinator will also send the referring physician a request for any needed prescriptions to implement the plan.