



East Central First Steps  
225 N. High St.  
Muncie, IN. 47305  
1-866-316-9800 or 765-288-7690  
765-288-7695 (fax)  
*Serving Blackford, Delaware, Henry,  
Jay, Madison, Randolph, and Wayne Counties*

## REFERRAL FORM

Date of Referral: _____	45-Day Date: _____	Intake Coordinator: _____
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**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Gender  M  F

Race  White  African American  
 Hispanic  American Indian  
 Asian  Multi-Racial  
 Other: \_\_\_\_\_

**Primary Address:** \_\_\_\_\_

\_\_\_\_\_ **IN** \_\_\_\_\_  
City State Zip County

**Parent(s)/Guardian(s):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

### Primary Referral Source Information

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Secondary Referral Source Information

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### REASON(S) FOR REFERRAL

**HAS THE FAMILY BEEN INFORMED ABOUT THE REFERRAL?**  YES  NO

Completed by: \_\_\_\_\_ Over 18 mos \_\_\_\_\_ ID #: \_\_\_\_\_  
Over 28 mos \_\_\_\_\_  
Over 31 mos \_\_\_\_\_