| SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |
|--|---|---|
| Healthy Connections | | • |
| BABYNET | 0 | • |

REFERRAL STATUS UPDATE EXAMPLE

| SECTION 1: CHILD AND INTAKE COORDINATOR INFORMATION | | | |
|---|------------------------|--|--|
| Name of Child: | DOB: | | |
| Jason Richards | 07/06/2018 | | |
| Name of Referral Agency/Individual: | | | |
| Dr. Derek Shepherd | | | |
| Address of Referral Source: | | | |
| Cherokee Children's Clinic, 1307 N. Logan St, Gaffney SC 29341 | | | |
| Date Referred: | Date of Update: | | |
| 06/18/20 | 06/21/20 | | |
| BabyNet Eligibility Staff: | | | |
| Olivia Pope | | | |
| Agency: | | | |
| IDEA/Part C Eligibility Office/Greenville | | | |
| Phone: | Email: | | |
| (864) 331-1450 | IDEA/Part C@scdhhs.gov | | |
| SECTION 2: REFERRAL STATUS (COMPLETED AND SENT BY INTAKE COORDINATOR) | | | |
| The above child has been referred to IDEA/Part C. The following is an update of the referral (check one): | | | |
| □ Multiple attempts made to contact the family; IDEA/Part C received no response or lost contact with parent. | | | |
| Record has been closed. Please let us know if the contact information has changed. | | | |
| □ Parent declined the orientation and intake appointment. | | | |
| Orientation and intake appointment scheduled for <u>July 1, 2020</u> . | | | |
| □ Parent did not give consent for screening and/or evaluation to determine eligibility, therefore, the record has | | | |
| been closed. | | | |
| Child received a screening and/or evaluation to determine eligibility for IDEA/Part C services; parent | | | |
| declined signing a consent authorizing IDEA/Part C to release eligibility results. | | | |
| □ Child referred at 34.5 months of age or older. Referral was not processed. Family should contact local school | | | |
| district. | | | |
| School District Contact: | | | |
| SECTION 3: ELIGIBILITY STATUS (COMPLETED AND SENT BY INTAKE COORDINATOR) | | | |
| A SIGNED CONSENT TO RELEASE INFORMATION TO THE REFERRAL SOURCE MUST BE ATTACHED IF INFORMATION IN SECTION 3 IS TO BE SHARED. | | | |
| □ Child is eligible for IDEA/Part C and has been referred for Service Coordination and development of an | | | |
| Individualized Family Service Plan. | | | |
| □ Record closed for the following reason: | | | |
| □ Parent declined the eligibility evaluation: | | | |
| \Box Screening was declined \Box Screening show | wed no concerns | | |
| □ Eligibility evaluation results indicate child is not eligible for IDEA/Part C at this time. | | | |
| □ Child is eligible for IDEA/Part C; family declined services. | | | |
| For more information or a full copy of the IFSP, | | | |

please contact the IDEA/Part C Eligibility staff listed above.