

**ABCD SCREENING PROJECT-
Referral Process for Pilot Sites
DRAFT**

WHEN TO REFER:

- ASQ Results
- Parent Concerns
- Clinical Judgment

WHERE TO REFER: Consider-

- Age
- Region
- Insurance/Medicaid
- Special Concerns- Autism, Family Issues, Etc.

**Head Start
Child Care**

SCF
KCI
CCS
RurAL CAP
Chugachmiut

CCC-
AKIN!

**Family
Service
Agencies**

*Parent
Navigators
*211

HOLE!
Place to help
families sort out
their service
needs.

**Vision
Audiology**

**OT
Speech
PT**

**Neuro-
Developmental**

*Dr. Brennan
*Dr. Matsutani
*Parent
Navigators

**Psych Testing
Neurodevel-
opmental Testing**

**Mental
Health**

*Parent
Navigators
*ACMHC
(Home Based,
Family
Continuum)
*SCF
*Little Tykes
*Little Steps
*Denali
Family
Services
*Private

**School
District
Special
Education
3-5 Yrs
(ASD, Mat-
Su, Kenai,
Whittier)**

*Homeless/
Child In
Transition
*Migrant Ed
*STEP
Center

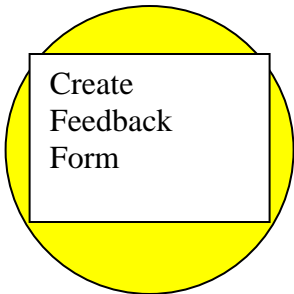
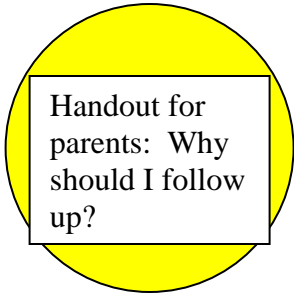
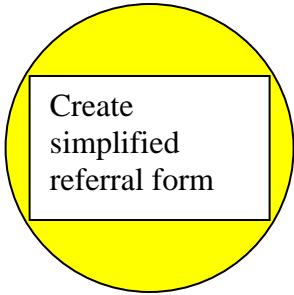
***DD Agencies:
HOPE
ARAC
FOCUS
MSSCA
Stone Soup**

**Early
Intervention/
Infant
Learning
0-3 Yrs**

*PIC
*FOCUS
*MSSCA

*Parents As
Teachers

*Respite, Mini Grants (equipment, activity therapy, health needs, paperwork assistance)
Revised 11/16/07



HOW TO MAKE A REFERRAL:
For greatest success, when possible medical office should:
*Call agency with parent and make an appointment.
*Give parent a brochure
*Fax referral information to agency
*Make follow-up call to the agency (did the fax make it?)

For greatest success, when possible agency should:
*Call the parent, mention medical providers name, confirm appointment

WHAT INFORMATION IS NEEDED:
*Parent's Name
*Child's Name
*Parent's Phone Number
*Medical Diagnosis
*Available Assessments- PT, OT, Psych, Vision, Hearing
*ASQ
*Significant History

EXCHANGE OF INFORMATION:
*Agency obtain release at Intake
*Include level of delay
*Send Feedback Form