



## Indian Children's Program (ICP) Referral Form

ARIZONA  
Institute for Human Development  
Northern Arizona University  
P O Box 5630  
Flagstaff, Arizona 86011-5630  
(928) 523-8026  
**FAX (928) 523-4909**

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_  Male  Female School or Preschool: \_\_\_\_\_

Tribal census number: \_\_\_\_\_ IHS Chart number: \_\_\_\_\_

Parents/Guardian (circle one): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location of home: \_\_\_\_\_

Phone number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Person making the referral: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If referral from DDD -The SC has explored all other options for services (DDD vendors, IHS, school, etc.)  Yes  No

Is the family aware of the referral?  Yes  No

Will an interpreter be needed?  Yes-Language \_\_\_\_\_  No

**Reason for referral: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Delays in problem solving/thinking | <input type="checkbox"/> Difficulty with academics/learning                     |
| <input type="checkbox"/> Difficulty with speech & language  | <input type="checkbox"/> Difficulty with adaptive skills (eating, dressing etc) |
| <input type="checkbox"/> Difficulty with behavior           | <input type="checkbox"/> Difficulty with social/emotional skills                |
| <input type="checkbox"/> Difficulty with motor skills       | <input type="checkbox"/> Suspect Autism   |
| <input type="checkbox"/> Other concerns _____               |   |

**Services requested: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Evaluation needed            | <input type="checkbox"/> Determine eligibility/present levels of performance for program planning |
| <input type="checkbox"/> Consult with family/provider | <input type="checkbox"/> Therapy services   |
| <input type="checkbox"/> TA/training for provider     | <input type="checkbox"/> Other: _____   |

**Reason ICP is needed: (Check all that apply)**

- Would like to know what services this child may be receiving  Need specialized expertise  
 No other services available  Local service agencies overloaded  Other \_\_\_\_\_

**Comments or Concerns:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_