



Indian Children's Program (ICP)
Referral Form
Center for Development & Disability
University of New Mexico

Date ICP Received Referral : _____

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: _____

Is the family aware of the referral? [] Yes [] No

Will an interpreter be needed? [] Yes-Language _____ [] No

Reason for referral: (Check all that apply)

- [] Delays in problem solving/thinking [] Difficulty with academics/learning
[] Difficulty with speech & language [] Difficulty with adaptive skills (eating, dressing etc)
[] Difficulty with behavior [] Difficulty with social/emotional skills
[] Difficulty with motor skills [] Other concerns _____

Services requested: (Check all that apply)

- [] Evaluation needed [] Determine eligibility/present levels of performance for program planning
[] Consult with family/provider [] Therapy services [] TA/training for providers
[] 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: _____

Questions: Call Carolyn Brislen at (866)-427-8661 or (505) 272-1856

Please fax or send referral form to:

Carolyn Brislen, ICP
Center for Development & Disability
University of New Mexico
2300 Menaul NE
Albuquerque New Mexico 87131
FAX: (505) 272-9014