

Date ICP Received Referral : _____

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

NEW MEXICO
Center for Development & Disability
University of New Mexico
School of Medicine
2300 Menaul NE
Albuquerque New Mexico 87131
(505) 272-3000
1-(888) 427-8661
FAX 505-272-9014

Name of child: _____

Date of birth: _____ Male Female

Tribal census number: _____ IHS Chart number: _____

Parents/Guardian (circle one): _____

Mailing address: _____

Location of home: _____

Phone number(s): _____

Person making the referral: _____

Phone: _____

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 Language delay Behavior Motor delay

Evaluation needed Services needed

Would like to know what services this child may be receiving

No other services available Local service agencies overloaded Need specialized expertise

Comments or Concerns:

