



Infant Toddler Early Intervention Referral Flow

Gianna Pelletier
Samantha Caimi
Infant Toddler Early Intervention

City of Philadelphia
 **DBHIDS**
DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES



Referral Workflow

- 1 Referral source sends referral to Intake via email or fax
- 2 Intake contacts family and sends referral acknowledgement letter to referral source facility
- 3 Family is assigned to service coordination entity (SCE)
- 4 SCE sends referral feedback
- 5 All further questions about the status of the referral should be directed to SCE

Acknowledgement Letter

First round of feedback

Sent to referral source facility via mail or e-mail from PITEI Intake

Exception of Neonatal Intensive Care Units



CITY OF PHILADELPHIA
Department of Behavioral Health and Intellectual Disability Services
Promoting Recovery, Resilience & Self-Determination

Jill Bowen, Ph.D.
Commissioner

Tierra Pritchett, Ed.D.
Deputy Commissioner

H. Jean Wright II, Psy.D.
Deputy Commissioner

Sosunmolu Shoyinka, M.D.
Chief Medical Officer

Referral Acknowledgment Letter

Referral Source:

Child's Name:

DOB:

We have received your referral of the above named child to Philadelphia Infant Toddler Early Intervention. We make multiple efforts (phone, text, letter) to contact families to complete the Intake. When we complete the Intake, we assign the referral to a Service Coordination agency based on the zip code where the child resides. The Service Coordination agency will send a referral feedback letter to the referral source that we've recorded as first to make the referral. It may take 45 days to complete the referral process and for the Service Coordination Agency to send the referral feedback letter.

To inquire about the child's status, find the child's zip code below and contact the corresponding Service Coordination agency: ChildLink or Partnership for Community Supports. The Service Coordination agency will review the signed consent they obtain from the parent or guardian to see if they have authorization to share information with you. If not, you will be asked to send to the Service Coordination agency a release signed and dated by the parent.

ChildLink - call 215 731 2106 or email Charisma Curtis (charisma@phmc.org) or Jameela Rose (jameela@phmc.org) with your agency name in subject line			Partnership - call 267 350 4500 or email Ruth Fell (rfell@pfcsupports.org) or Helen Falguera (hfalguera@pfcsupports.org) with your agency name in subject line	
19102	19123	19140	19111	
19013	19125	19141	19114	
19104	19126	19142	19115	
19105	19127	19143	19116	
19106	19128	19144	19124	
19107	19129	19145	19134	
19112 (Naval Base)	19130	19146	19135	
19118	19131	19147	19136	
19119	19132	19148	19137	
19120	19133	19150	19149	
19121	19138	19151	19152	
19122	19139	19153	19154	

If the child is not known to the Service Coordination agency, it means we were not able to complete the Intake or the Service Coordination agency was unable to complete the Initial Visit (this is where consent to release information is signed) or we forwarded the referral directly to Elwyn SEEDS if the child was within 45 days of their 3rd birthday. If the child is under 3 years of age, please refer the child again by email at birthto3ei@phila.gov or phone 215 685 4646 or fax 215 685 4638. Be sure to include:

- the parent's first and last name and phone number
- the child's first and last name and date of birth
- if available, the child's Social Security Number or Medical Assistance (MA) number.

If the child is 3 years or older, refer the child directly to Elwyn SEEDS at 215 222 8054.

Sincerely,

LaShane Johnson

LaShane Johnson
Early Intervention Intake Supervisor
Philadelphia Infant Toddler Early Intervention

701 Market Street, 5th Floor, Philadelphia, PA 19106-1532, Phone 215-685-5900

Service Coordination Entity (SCE) Zip Codes and Phone Numbers

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Service Coordination Entity (SCE) Feedback



Referral Feedback Form



ChildLink or Partnership for Community Supports



Sent by fax or mail



Centralized email list of referral sources

Feedback Form: Referral & Eligibility for Philadelphia Infant Toddler Early Intervention*

No Reply Needed

Referring Person(s): _____ (Date)
Referral Agency: _____

Child's Name:
DOB:
Parent or Guardian Name:

This feedback form provides information about the outcome of the referral and EI eligibility.

- ☐ Child is eligible for Infant Toddler Early Intervention...An Individualized Family Service Plan (IFSP) has been developed to address the family's priorities and goals.
- ☐ The child has been evaluated and found to be eligible; an Individualized Family Service Plan (IFSP) was not developed. Please contact the family for further information.
- ☐ The child has been evaluated and found to be ineligible for Infant Toddler Early Intervention.
- ☐ The child meets one or more at-risk criteria and is enrolled in Regular Developmental Screening. The family will be contacted by the Service Coordinator once every 3 months (unless otherwise specified by the family) to determine developmental progress and discuss resources needed by the family.
- ☐ We have contacted the family and they have expressed that they are not interested in Early Intervention at this time. Please contact the family for additional information.
- ☐ We are unable to provide information about the outcome of this referral or eligibility. Please contact the family directly.

Service Coordinator:
Email Address:
Cell Phone:
Office Phone:

***NOTE:** Providing this information to the referral source was authorized by the child's parent/guardian and is documented as such in the child's record. This information is not for re-disclosure unless an entity obtains an additional authorization from the child's parent/guardian and specific for this information.

CONFIDENTIALITY (for faxing only): The information on this form is legally privileged and confidential information. It is intended only for the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately to arrange the return of the documents.

9360 Ashton Road, Philadelphia, PA 19114 • 267-350-4500 • Fax: 267-350-4530 • www.pfcsupports.org

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Thank You

Please reach out with
questions, comments, or
centralized email addresses
Gianna.pelletier@phila.gov
Samantha.caimi@phila.gov

City of Philadelphia

