

**ELWYN SEEDS**

4025 Chestnut St, 3<sup>rd</sup> Floor  
Philadelphia, PA 19104

**COMMUNITY REFERRAL FORM — INCLUDING SIGNED PERMISSION TO REFER**

<b>Date of Referral</b>	
<b>Name of Child</b>	<b>Date of Birth</b>
<b>Name of Parent/Legal Guardian</b>	<b>Address</b> (street, city, state, zip)
<b>Telephone # of Parent/Legal Guardian</b>	<b>Secondary Telephone Number</b>
<b>Foster Parent Info (If Applicable)</b>  <b>Name, Address, Telephone No.</b>	<b>Secondary Telephone Number</b>
<b>Email Address of Person Completing Referral:</b>	
<b>Reason for Referral (please check all that apply)</b>	
<input type="checkbox"/> Cognitive Concerns <input type="checkbox"/> Communication/Language Concerns <input type="checkbox"/> Speech/Articulation Concerns <input type="checkbox"/> Fine/Gross Motor Concerns <input type="checkbox"/> Personal/Social Concerns <input type="checkbox"/> Other _____ (please explain)	
<b>Parent/Legal Guardian's native language or other primary mode of communication, if other than English. Please specify:</b>	

**Parent/Legal Guardian, please check one box below:**

\_\_\_ I hereby give my permission to \_\_\_\_\_ (name of referral source) to release the above information to Elwyn—Philadelphia SEEDS Early Intervention Program for a possible screening and/or evaluation. (\*\*You will be asked to sign a Permission to Evaluate by Early Intervention before an evaluation is done on your child)

\_\_\_ I do **NOT** give permission to \_\_\_\_\_ (name of referral source) to release the above information to Elwyn—Philadelphia SEEDS Early Intervention Program for a possible screening and/or evaluation.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Referring Agency Representative

\_\_\_\_\_  
Date

\*\*\*IN ORDER TO BE PROCESSED, PARENT/LEGAL GUARDIAN MUST BE INFORMED OF REFERRAL, GIVE PERMISSION AND SIGN THE REFERRAL FOR\*\*\*PLEASE FAX COMPLETED REFERRAL FORM TO ELWYN SEEDS INTAKE AT 215-823-5083