



# Special Kids Connect

## Referral Form for Services, Education, and Programs

REFERRING ORGANIZATION INFORMATION		
<b>Referring Date:</b>	<b>Name of Person Making Referral:</b>	
<b>Reason for Referral:</b> <input type="checkbox"/> Community & Government Services (including SSI/IHSS) <input type="checkbox"/> Early Start Services (ages 0-3) <input type="checkbox"/> Education/IEP Support <input type="checkbox"/> Recreation & Social Programs <input type="checkbox"/> Regional Center Services <input type="checkbox"/> Other: _____	<b>Referring Organization:</b>	
	<b>Referring Org. Phone:</b>	<b>Referring Org. Fax:</b>
	<b>Referring Org. Email:</b>	

CHILD & PARENT/GUARDIAN INFORMATION	
<b>Child's First &amp; Last Name:</b>	<b>Child's DOB:</b>
<b>Diagnosis:</b>	<b>Regional Center UCI #:</b>
<b>Parent/Guardian's First &amp; Last Name:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Preferred Language:</b>
<b>Address (Street, City, State, Zip):</b>	
<b>Is the family currently receiving any services Special Kids Connect should be aware of? (mark all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Early Start / San Andreas Regional Center  <input type="checkbox"/> Homeless Services  <input type="checkbox"/> Special Education (IEP / 504 Plan)           </div> <div style="width: 45%;"> <input type="checkbox"/> Foster Care Youth Services  <input type="checkbox"/> Medi-Cal  <input type="checkbox"/> Other: _____           </div> </div>	
<b>The family is aware of and has agreed to this referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERRAL NOTES

Please email referral to [info@specialkidsconnect.org](mailto:info@specialkidsconnect.org) or fax to (888) 780-9982.  
 For more information, call (831) 372-2730.