

EARLY HELP MAKES ALL THE DIFFERENCE!



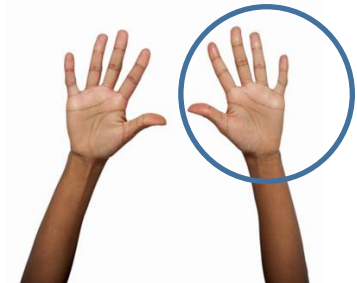
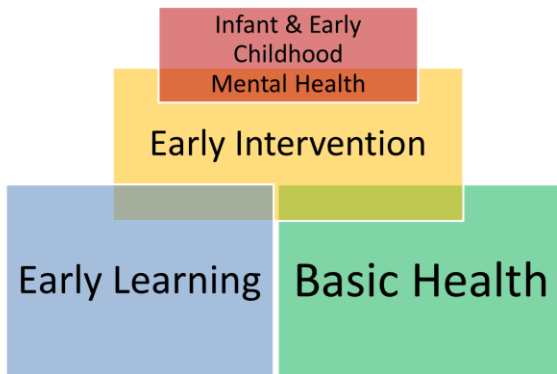
Infants & Toddlers have delays and disabilities...

...EARLY SUPPORT improves their lives.

For all kids birth to 3



1 in 8 have delays



40-55% of children with trauma experiences have delays

STEP 1 —REFER TO “EARLY INTERVENTION” FOR DEVELOPMENTAL EVALUATION...

WHAT do we mean by Early Intervention?

NOT--Public Health CPS home visiting

WHY are there two different programs...

Early Intervention is also called:

- Birth-to-Three Services
- Early Intervention Services
- Part C Services
- [Early Support for Infants & Toddlers \(ESIT\)](#)

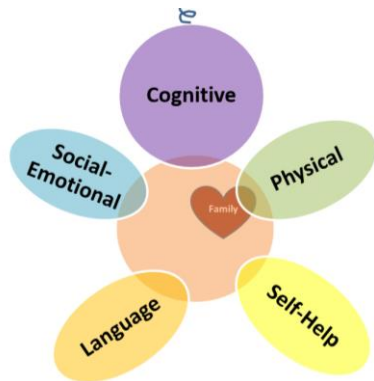


with the same name?

Services are voluntary, community-based and there is no waiting list!

No cost services for children with Medicaid or below 200% Federal Poverty Level.

STEP 2 — EVALUATION SCHEDULED TO DETERMINE ELIGIBILITY



In Washington State an eligible child is birth to three years old and:

1. Has a **25% delay in one or more area** OR
2. Has a **diagnosis with high probability of developmental delay** OR
3. Evaluation team uses **“Informed Clinical Opinion”**
IF a child is NOT eligible now, they might be later!

STEP 3 — IF ELIGIBLE, DEVELOP INDIVIDUAL FAMILY RESOURCE PLAN (IFSP)

Within 45 days from the first referral...

- Child receives a full developmental evaluation
- If eligible, an Individual Family Service Plan (IFSP) is developed including:
Parents and Caregivers, Family Resource Coordinator, Early Learning Provider
- Can be at home....interpreters are provided, if needed



STEP 4 — EARLY INTERVENTION SERVICES BEGIN

Within 30 days of IFSP, services begin (but usually right away)

- **Comprehensive services and supports to:**
 - Enhance a child’s development, and
 - Help parents/caregivers understand how to help their children grow and develop.
- **Tailored to meet child's and family’s individual needs.**
- **Available to all eligible children** ages birth to three with developmental delays or disabilities and their families regardless of income or insurance



WHAT ARE the Services?

Everyone gets

- ❖ Family Resource Coordinators—*“point person” who also connects with community resources*
- ❖ Assessments

Most Frequent Services

- ❖ Individual Education
- ❖ Speech Therapy
- ❖ Motor Therapy OT/PT
- ❖ Feeding / Nutrition

Plus More Services

- ❖ **CHERISH**
- ❖ Family Education
- ❖ Counseling
- ❖ Social Work
- ❖ Vision
- ❖ Audiology & MORE!

CHERISH Providers specialize in serving children in foster care and their families.

WHERE do services happen?



With **both** parents and caregivers...

- **At Home**
- **At Child Care**
- **In the Community**
 - *Programs with typically developing peers
 - *Parks, grocery stores, libraries

98% of families in King County receive early intervention in “Natural Environments”

WHO provides Birth to Three services in King County?

Referrals may be sent to **any one** of the following to start the process. Anyone may refer.

Diagnosis of a specific condition or disorder is not necessary for a referral.

Check map for provider areas: <http://www5.kingcounty.gov/eiproviders/>

- **Anywhere in King County**
 - Any child/family—Central Intake Line--**WithinReach**: Call Christine Gray at 800-322-2588 /206-830-7659 or eFAX ESIT Referral to: 206-299-9146
 - Deaf/Hard of Hearing child-- **Northwest Center D/HH Family Resource Coordinators**
Call 206-691-2585 or FAX 206-286-2301
- **OR Specific Provider Intake:**
 - **Birth to Three Developmental Center**
(Federal Way/Auburn/South King) Call 253-874-5445 or FAX 253-874-0687
 - **Boyer Children’s Clinic**
(Seattle, North King, Vashon) Call 206-325-8477 or FAX 206-323-1385
 - **Childhaven** (Central/South Seattle, South King) Call 206-957-4841, FAX 206-382-3303
 - **Children’s Therapy Center** (South King—not Federal Way) Call 253-216-0804 or FAX 253-854-7025
 - **ChildStrive** (North King: Northshore & Shoreline School Districts)
Call 425-353-5656x7318 or FAX 425-771-8479
 - **Encompass** (East King: Snoqualmie, Riverview, Issaquah School Districts)
Call 425-888-3347x2311 or FAX 425-888-3347
 - **Experimental Education Unit** (Seattle) Call 206-616-1347
 - **Kindering** (Bellevue, Mercer Island, Northshore, Issaquah, Lake Washington School Districts, Renton, Sammamish) Call 425-653-4300 or FAX 425-747-1069
 - **Northwest Center Kids** (All of Seattle, North Tukwila, North Burien, Skyway)
Call 206-691-2598 or FAX 206-286-2301
 - **Wonderland Developmental Center** (North King: Seattle, Shoreline, Bothell)
Call 206-364-3777 or FAX 206-364-3999

IF A CHILD IS OVER 3 YEARS, refer to (google) School District’s Name + Child Find.

For more information, training, or to talk about Early Support for Infants & Toddlers:

King County Developmental Disabilities Division, Prenatal to Five Team

Juliette Escobar jescobar@kingcounty.gov or #206-263-0878

King County Early Support for Infants & Toddlers Referral Form

Anyone can make a referral, including parents! Diagnosis of a specific condition or disorder is not necessary for a referral.

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Parent/Child Contact Information

Child Name: _____
 Date of Birth: ___/___/___ Child Age: (months) _____ Gender: M F
 Home Address: _____ City: _____ Zip Code: _____
 Parent/Guardian Name: _____ Relationship to Child: _____
 Primary Language: _____ Needs Interpreter? **Y N** Phone: (____) _____ Other Phone: (____) _____

Reason(s) for Referral

Please check all that apply. Screening is not required, but if Ages and Stages Questionnaire or other tool has been completed, please attach.

- Any condition or diagnosis (e.g., hearing loss, Down syndrome): _____
- Possible concern or delay in development. **Please check areas of concern:** _____ NICU or Hospital with est. discharge: ___/___/___
- Motor/Physical Cognitive Social/Emotional Communicating Behavior Feeding
- Other concerns (please describe): _____

Referral Source Contact Information—when someone other than parent is making referral

Person Making Referral: _____ Role: _____ Date of Referral: ___/___/___
 Organization: _____ Address: _____ City: _____ Zip Code: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

I am referring the child named above to **WithinReach** (King County Central Intake) **OR** Directly to a provider agency for a developmental evaluation to determine eligibility for Birth-to-Three (early intervention) services. Time Sensitive/Urgent Referral/Please Call Referrer

As a Referral Source I am requesting the following information be shared back, with the parent's permission (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Agency and Family Resource Coordinator Assigned | <input type="checkbox"/> Changes in Services Being Provided |
| <input type="checkbox"/> Developmental Evaluation Results | <input type="checkbox"/> Periodic Progress Reports/Summaries |
| <input type="checkbox"/> Services Provided to Child/Family, if Eligible | <input type="checkbox"/> Other (Describe): _____ |

Parent/Guardian Release of Information Consent

I, _____ (Print name of parent or guardian), give my permission for my child's health care provider, _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with the Birth to Three program(s) which will evaluate my child's development to determine eligibility for services. If my child is eligible I may participate in creating an Individual Family Service Plan (IFSP).

Parent/Legal Guardian Signature: _____ Date: ___/___/___