

## Developmental Bridge Pilot Intake Form

Bridge Intake form completed by: \_\_\_\_\_ Date Intake Completed: \_\_\_\_\_

### CHILD & FAMILY INFORMATION

Child's name: \_\_\_\_\_  
First Last

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Age:  
\_\_ Younger than 20 years  
\_\_ 20- 35 years  
\_\_ 36-40 years  
\_\_ Above 40 years

Parents/Guardian's Name/s: \_\_\_\_\_  
First Last

\_\_\_\_\_  
First Last

Age:  
\_\_ Younger than 20 years  
\_\_ 20- 35 years  
\_\_ 36-40 years  
\_\_ Above 40 years

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: 600 \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Initially referred to ESIT by: \_\_\_\_\_ Provider agency: \_\_\_\_\_

Bridge xfer from: \_\_\_\_\_ to: \_\_\_\_\_ date: \_\_\_\_\_

### Child's Race/Ethnicity: Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native       | <input type="checkbox"/> Hispanic, Latinx, Central American                |
| <input type="checkbox"/> Asian- regional ancestry not specified | <input type="checkbox"/> Hispanic, Latinx, or Caribbean                    |
| <input type="checkbox"/> Central Asian                          | <input type="checkbox"/> Hispanic, Latinx, or South American               |
| <input type="checkbox"/> Eastern Asian                          | <input type="checkbox"/> Hispanic, Latinx, or Spanish origin               |
| <input type="checkbox"/> Southern Asian                         | <input type="checkbox"/> Hispanic, Latinx, regional ancestry not specified |
| <input type="checkbox"/> Southeastern Asian                     | <input type="checkbox"/> Middle Eastern/North African                      |
| <input type="checkbox"/> Black- regional ancestry not specified | <input type="checkbox"/> Native Hawaiian/Pacific Islander                  |
| <input type="checkbox"/> Black- African American                | <input type="checkbox"/> White   |
| <input type="checkbox"/> Black- African Canadian                | <input type="checkbox"/> Not disclosed                                     |
| <input type="checkbox"/> Black- East African                    |  |
| <input type="checkbox"/> Black- Latin American                  |  |
| <input type="checkbox"/> Black- West African                    |  |

### Family Concerns, Resources & Priorities

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Summary of family concerns:

Family Strengths and/or resources:

Priorities of the family:

**Linkages to community resources** that may be supported by Bridge Service Coordinator: Where should we help your child transition to (within about 6 months)?

### ELIGIBILITY

Check one	Child:	Potential Services Menu
<b>1.a.</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• <b>Does not qualify for ESIT services</b></li> <li>• Age 1 – 36 months</li> <li>• Has mild developmental delays or concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Service Coordinators provides resources &amp; linkages to other programs</li> <li>• Screenings, assessments</li> <li>• 10 weeks Promoting First Relationships curriculum</li> <li>• Developmental services</li> </ul>
<b>1.b.</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• <b>Does not qualify for ESIT services</b></li> <li>• Age 1 – 36 months</li> <li>• Has close family member with a disability</li> </ul>	
<b>2. a.</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Received ESIT services,</li> <li>• Age 36 months +</li> <li>• <b>Not transitioning to School District services, family wants support connecting to the next program (early learning, etc.)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Service Coordinators provides resources &amp; linkages to other programs</li> <li>• 10 weeks Promoting First Relationships curriculum</li> <li>• Screenings, assessments</li> <li>• Developmental services</li> </ul>
<b>2. b.</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Received ESIT services,</li> <li>• Age 36 months +</li> <li>• <b>Turns 3 in summer &amp; is eligible for School District services &amp; family wants extension until School District services begin</b></li> </ul>	
<b>3</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Did not receive ESIT services</li> <li>• Age 34 months 15 days - 47 months at time of referral</li> <li>• <b>Potentially eligible for, but not yet receiving, School District service <u>AND</u></b></li> <li>• <b>Parent has a developmental concern for the child OR child's developmental screening results show a concern</b></li> </ul>	<ul style="list-style-type: none"> <li>• Service Coordinators provides resources &amp; linkages to other programs, including Part B services</li> <li>• Developmental services</li> </ul>

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Screening

Assessment

Evaluation

Date: \_\_\_\_\_

**Communication-** Tool used: \_\_\_\_\_ Scores: \_\_\_\_\_ Comment: \_\_\_\_\_

**Cognitive-** Tool used: \_\_\_\_\_ Scores: \_\_\_\_\_ Comment: \_\_\_\_\_

**Physical-** Tool used: \_\_\_\_\_ Scores: \_\_\_\_\_ Comment: \_\_\_\_\_

**Social Emotional-** Tool used: \_\_\_\_\_ Scores: \_\_\_\_\_ Comment: \_\_\_\_\_

**Adaptive-** Tool used: \_\_\_\_\_ Scores: \_\_\_\_\_ Comment: \_\_\_\_\_

### ***Additional Information: Please check all that apply***

#### **Housing status:**

- Living in transitional housing
- Staying with friends or family
- Emergency shelter
- Have stable housing
- Other: \_\_\_\_\_

#### **Family's health & wellbeing:**

- Health concerns: \_\_\_\_\_
- Mental health concerns: \_\_\_\_\_
- Disability: \_\_\_\_\_
- Other: \_\_\_\_\_

#### **Connections:**

- Not eligible for Medicaid
- Eligible for Medicaid
- Enrolled in early learning
- Enrolled in childcare
- Not connected to another program

#### **Language status:**

- English speaking
- Limited English speaking
- Non-English speaking
- Primary home language/s: \_\_\_\_\_
- Interpreter is needed: Choose an item.

#### **Child's health & wellbeing:**

- Health concerns: \_\_\_\_\_
- Substance exposure: \_\_\_\_\_
- Foster care
- Domestic violence exposure
- Child welfare involvement

For Enrollment Use Only

Date into RC:

Verified address?

Bridge ID #: