

Record brief information and screen for service area and age. If over age 3, ask about Rollercoaster Kids first, if RCK is not appropriate, give referrals to ISDs and/or CCGD I&R phone (211). Assure referent of return call in 5 to 7 business days.

Date _____ Zip Code _____ School District _____ County _____

Caller _____ Phone (____) _____

Referred by _____ Phone (____) _____

Child's Name _____ Sex _____ DOB _____ Age _____

Primary Language _____ Translator Needed ___Y___N Race _____

Address _____ Phone (____) _____

Apt. Name and Number _____

City _____ Zip _____ Mapsco _____

Mother's Name _____ Work Phone (____) _____

Email _____ Cell Phone (____) _____

Father's Name _____ Work Phone (____) _____

Email _____ Cell Phone (____) _____

Concerns/Suspected Problem/Diagnosis _____

Primary Care Physician _____ Phone (____) _____

Address _____

Medicaid # _____ Insurance _____

Additional Information _____

Receiver of Call _____