SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Healthy Connections	
BABYNET	

## **REFERRAL STATUS UPDATE**

SECTION 1: CHILD AND INTAKE COORDINATOR INFORM	ATION	
Name of Child:	DOB:	
Name of Referral Agency/Individual:		
Address of Referral Source:		
Date Referred:	Date of Notice:	
BabyNet Eligibility Contact:		
Agency:		
Phone:	Email:	
SECTION 2: REFERRAL STATUS (COMPLETED AND SENT BY INTAKE COORDINATOR)		
The above child has been referred to IDEA/Part C. The following is an update of the referral (check one):		
<ul> <li>Multiple attempts made to contact the family; IDEA/Part C received no response or lost contact with parent. Record will be closed 7 days from date of this notice, if no response from family. Please let us know if the contact information has changed.</li> <li>Parent declined the orientation and intake appointment.</li> <li>Orientation and intake appointment scheduled for</li> </ul>		
<ul> <li>Parent did not give consent for screening and/or evaluation to determine eligibility, therefore, the record has been closed.</li> <li>Child received a screening and/or evaluation; parent declined signing a consent authorizing IDEA/Part C to release eligibility results.</li> <li>Child is 34.5 months or older. Referral was not processed. Family should contact local school district.</li> </ul>		
School District Contact:		
SECTION 3: ELIGIBILITY STATUS (COMPLETED AND SENT BY INTAKE COORDINATOR)		
<ul> <li>A SIGNED CONSENT TO RELEASE INFORMATION TO THE REFERRAL SOURCE MUST BE</li> <li>ATTACHED IF INFORMATION IN SECTION 3 IS TO BE SHARED.</li> <li>Child is eligible for IDEA/Part C and has been referred for Service Coordination and development of an Individualized Family Service Plan.</li> </ul>		
$\Box$ Record closed for the following reason:		
□ Parent declined the eligibility evaluation:		
□ Screening was declined □ Screening showed no concerns □ Screening showed concerns		
Eligibility evaluation results indicate child is <b>not</b> eligible for IDEA/Part C at this time.		
□ Child is eligible for IDEA/Part C; family declined services.		
For more information or a full copy of the IFSP, please contact the child's Intake or Service Coordinator listed above.		