WHATCOM takingaction
for Children and Youth with Special Health Care Needs (CYSHCN)

Serving Children & Youth, Birth to 21

Fax to: SEAS
Single Entry Access to Services
phone: 360.715.7485
fax: 360.676.6729 (HIPAA/Confidential Fax)

opportunity council

Anyone can fax a referral to SEAS with parent's knowledge and consent.
SEAS cannot call a family unless statement below is checked and initialed by referrer.
☐ **Parents have consented to this referral to SEAS** _____
(Referrer's initials)

Today's Date:	Referrer: Phone: Fax:	Child's Primary Care Provider (PCP):
Child's Name: ☐M ☐F	DOB:	Parent/Guardian Name(s):
Home Address:	Home Phone:	Cell:
City: Zip:	Email Address:	☐ Need Interpreter Language:

Use section below to describe concerns. Please attach additional information. It helps very much.

Child has not been evaluated and concerns are about:
☐ Development ☐ Mental Health* ☐ Other:
☐ Autism Spectrum Disorder (ASD) / Other Neurodevelopmental Disorder

Child has been evaluated and needs services related to:
☐ Mental Health* ☐ Neurodevelopmental Disorder
☐ Other: ☐ **See additional information attached**

Family may benefit from :
☐ Family Support Services
☐ Parenting Guidance and/or Classes
☐ Other:

Diagnosis(es):

***For mental health/behavioral concerns with or without developmental delay**
PLEASE NOTE: Parents of a child on Apple Health (Molina or Community Health Plan of WA) **MUST** call Access to Mental Health (1-888-693-7200) and ask for services. The child will receive an appointment with mental health services within 2 weeks or sooner!

Anyone can fill out the next line for navigation to one or both of the two services

☐ Navigate to Early Support for Infants and Toddlers (ESIT) | ☐ Not on Apple Health. Navigate to mental health services.

A PCP signed referral is REQUIRED for one or both of the next 2 services, for insurance purposes.

Non-PCP providers (teachers, therapists, childcare etc.) can use the Child-Specific Information Form on our website to tell PCP of concerns about a child. If you have done this, please tell SEAS here:

☐ **I am a non-PCP provider and I have communicated my concerns to the PCP.**

For developmental-behavioral concerns (possible neuro-developmental disorder, global delays, ASD, etc.)
PCP fill in this section
*** REQUIRED** →

☐ **Navigate to GIDES midlevel evaluation, including referral to pediatric neurologist if needed.**
***Diagnosis** _____ ***Code** _____
***PCP Signature** _____ ***Date** _____
***Ages & Stages Questionnaire (ASQ) and/or Modified Checklist for Autism in Toddlers (M-CHAT), or equivalent, *and* last well-child exam notes MUST be included.**

For developmental delay with OT/PT/SLP concerns
PCP fill in this section
*** REQUIRED** →

☐ **Navigate to PeaceHealth Medical Group Children's Therapy and/or to other local specialty therapy providers**
***Diagnosis** _____ ***Code** _____
***CHECK ONLY THE BOXES NEEDED, AND UNDERLINE THE TOP PRIORITY:**
☐ **Speech** ☐ **Feeding/Oral-Motor** ☐ **Swallowing Study—VFSS** ☐ **OT** ☐ **PT** ☐ **Orthotics**
☐ **Assessment Only** ☐ **Assess and treat for:** ☐ **6 months** ☐ **12 months**
***PCP Signature** _____ ***Date** _____
***Chart notes MUST be included.**

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OPTIONAL PAGE: Additional Information to Attach to SEAS Fax Referral Form

Child's Name: _____ DOB: _____

Additional Information:

Referrer's Name: _____

Referrer's Phone: _____

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How to complete a SEAS Fax Referral Form

Please remember that the SEAS Fax Referral must be faxed, NOT submitted electronically through e-mail.

You can print the blank form and fill it out by hand and then fax it, OR type on the electronic form, save it to your files, print it, and then fax it to SEAS.

Referrer **must** discuss concerns with parents, and complete this to show that parents have consented to referral for SEAS navigation. SEAS cannot contact family if this isn't completed.

Give SEAS this basic information so they can contact the family.

Give SEAS information about the concerns/needs. Optional: Give additional information on next page.

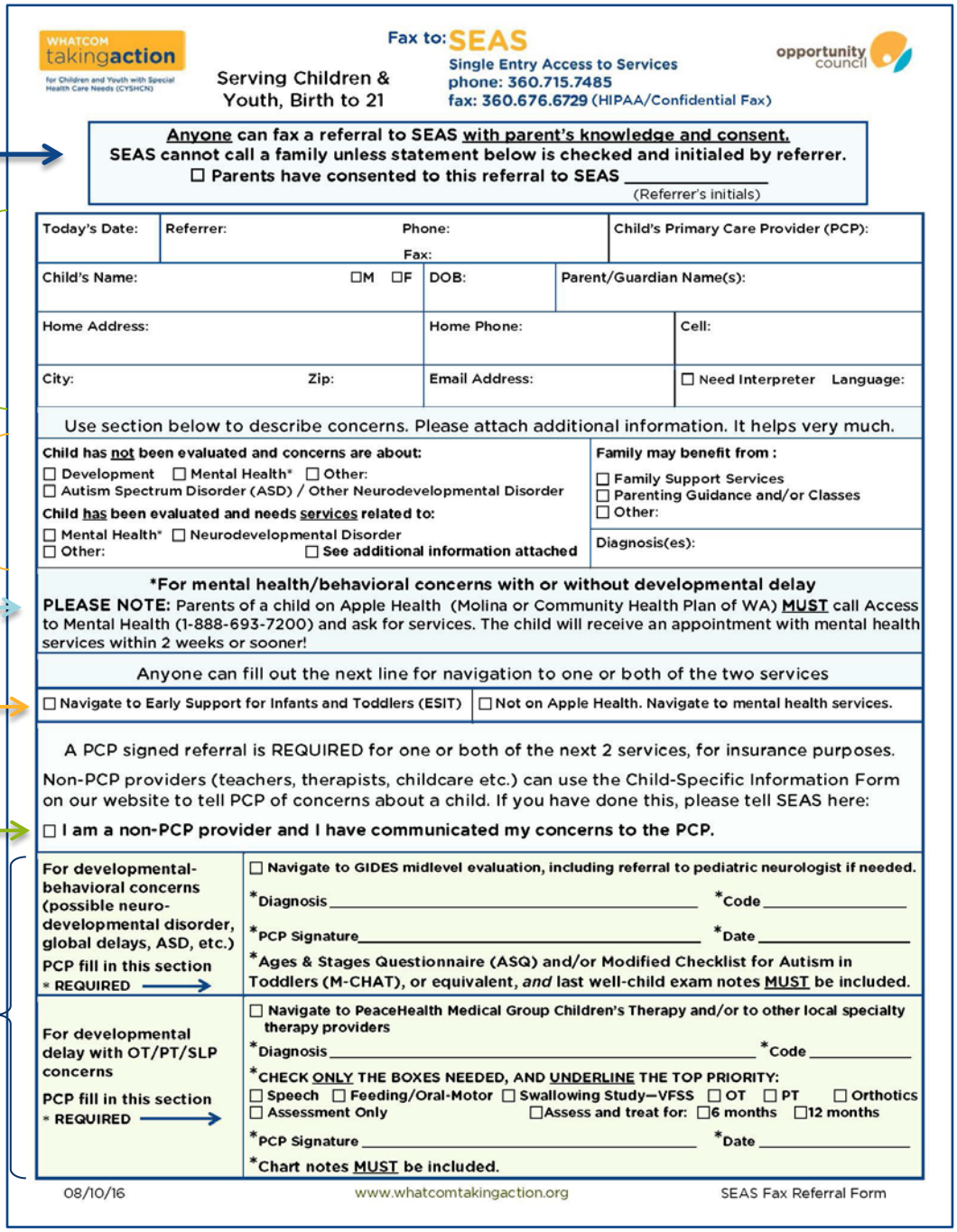
If concerns are mental health related, inform parents of kids on Apple Health (Medicaid) about this.

Complete this to refer for ESIT or MH.

If referrer is not a PCP but wants to inform PCP of concerns about a child, use Child-Specific Information Form to do this. The PCP may then choose to refer for GIDES or Specialty Therapy.

For referral to GIDES or Specialty Therapies, **a PCP MUST** complete these sections. If referrer to SEAS isn't a PCP, see box above.

It's OK if more than one referral on the same child/youth is faxed to SEAS by multiple referrers.



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08/10/16 www.whatcomtakingaction.org SEAS Fax Referral Form