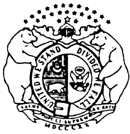

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – EARLY INTERVENTION

REFERRAL FORM

NAME OF CHILD*	DATE OF BIRTH*	GENDER* Male ☐ Female ☐ Ambiguous ☐	DATE COMPLETED

INSTRUCTIONS

To refer a child to the First Steps program, complete this form or submit a referral online at: https://www.mofirststeps.com/
When completing this form, an asterisk (*) indicates required information.
Return the completed form to the System Point of Entry (SPOE) serving the county in which the child resides. Contact information for the SPOE can be found at:
https://dese.mo.gov/media/pdf/first-steps-spoe-contact-information-region.

For Childrens's Division referrals, complete the form in its entirety including the section labeled "CHILDREN'S DIVISION USE ONLY".

If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit http://www.dese.mo.gov/veterans-services.

CHILD INFORMATION

REASON FOR REFERRAL*	
DOES THE CHILD HAVE A DIAGNOSIS? YES ☐ NO ☐ IF YES, EXPLAIN:	ICD-10 CODE

PARENT/ GUARDIAN INFORMATION/ PRIMARY CONTACT (WHERE CHILD CURRENTLY RESIDES)

PARENT/GUARDIAN NAME*		RELATIONSHIP TO CHILD* (MOTHER, FATHER, FOSTER PARENT, GRANDPARENT, AUNT, SIBLING, ETC.)	PRIMARY LANGUAGE*
ADDRESS/CITY/STATE/ZIP*		PHONE NUMBER*	ALTERNATE PHONE NUMBER
COUNTY*	EMAIL ADDRESS	IS THE CHILD PLACED IN CHILDREN'S DIVISION CUSTODY? YES ☐ NO ☐ HAS THE PARENT/GUARDIAN BEEN INFORMED OF THIS REFERRAL? YES ☐ NO ☐	

REFERRAL SOURCE INFORMATION

NAME*/AGENCY	EMAIL ADDRESS	
ADDRESS/SUITE/CITY/STATE/ZIP	PHONE NUMBER*	FAX NUMBER
FOR REFERRALS FROM PARENTS ONLY: HOW DID YOU FIND OUT ABOUT FIRST STEPS?*		

CHILDREN'S DIVISION USE ONLY (ALL FIELDS REQUIRED)

IS THERE A SUBSTANTIATED CASE OF CHILD ABUSE OR NEGLECT? YES ☐ NO ☐	DOES THE REFERRAL SOURCE HAVE CONCERNS ABOUT THE CHILD'S DEVELOPMENT?* YES ☐ NO ☐ IF YES, EXPLAIN:
IS THE CHILD IN ALTERNATIVE CARE OR OUT OF HOME PLACEMENT? YES ☐ NO ☐	

SPOE USE ONLY

REFERRAL DATE	REFERRAL RECEIVED VIA Mail ☐ Fax ☐ Phone ☐ Email ☐
INTAKE COORDINATOR NAME	DATE ASSIGNED

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