



**No** (No referral - Proceed to SIGNATURES)

**STEP FOUR - continued**

**Choose one of the following options:**

- Option 1**       Referral to DSCC is not indicated at this time.
- Option 2**       Referral to DSCC for a diagnostic evaluation. Child **MUST** have a suspected potentially DSCC medically eligible condition. Check all suspected medical conditions below that apply.
- Option 3**       Referral to DSCC is indicated due to physician diagnosis or medical condition that is or could be potentially DSCC eligible. (Refer to Child and Family Connections Procedure Manual, Chapter 9, Eligibility Determination.) Check all diagnosed medical conditions below that apply.

**For Options 2 or 3, check all that apply:**

- Orthopedic conditions (bone, muscle, joint disease)
- Heart defects
- Hearing loss
- Neurological conditions (nerve, brain, spinal cord, does not include autism or developmental delay)
- Certain birth defects
- Disfiguring defects such as cleft lip, cleft palate, and severe burn scars
- Speech conditions which need medical treatment
- Certain chronic disorders such as hemophilia and cystic fibrosis
- Certain inborn errors of metabolism, including PKU, and Galactosemia
- Eye impairments, including cataracts, glaucoma, strabismus and certain retinal conditions - excluding isolated refractive errors
- Urinary system impairments (kidney, ureter, bladder)

Comments: \_\_\_\_\_

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**Contact DSCC for additional technical assistance for referral. If referral to DSCC is indicated and a *Consent for Release of Information* form has been completed and signed by the parent/guardian, send the following Cornerstone screens/reports to your local DSCC office with a copy of this form: Participant Enrollment Information (HSPR0770), Assessment History (HSPR0207), and Insurance (HSPR0794).**

Note to Parents: If your family's income appears to exceed DSCC financial eligibility criteria, DSCC cannot offer financial assistance for medical treatment services. All available insurance and/or All Kids benefits must be used. Families having no insurance with incomes above DSCC financial eligibility criteria are encouraged but not required to apply for the All Kids program.

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**SIGNATURES**

I certify that the information given above is correct to the best of my knowledge. I understand that I will still be able to receive Early Intervention services and assistive technology devices subject to fees even if I have chosen not to file an All Kids application.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_