

1/1/2016

**Infant Toddler Program Referral to
Children's Developmental Disabilities (DD) Program**

The Infant Toddler Program uses this form to notify the Children's DD Program of families interested in applying for Medicaid developmental disabilities services. Once DD Central Intake receives this form, they will contact the family to begin the DD application process.

DD Central Intake Contact Information

Email: ChildrensDDIntake@dhw.idaho.gov

Phone: 877-333-9681 or 208-334-6500

Fax: 208-332-7331

Date of Referral:

Child's Name:	
Child's DOB:	
Child's MID#:	
Parent Name:	
Parent Contact Information:	
ITP Service Coordinator Name:	
ITP Contact Information:	
Date child enrolled in ITP: or	
Date child referred to ITP (if late referral):	
Individualized Family Services Plan (IFSP) Part 1 and Part 2	Include current IFSP as attachment, if applicable

Additional Comments: