

Early On[®]/ Project Find Referral Fax

For use by Primary Referral sources

Download referral form at www.1800EarlyOn.org
Refer by fax 1-517-668-0446

Early On[®] Birth – 3 years
Refer by phone 1-800-EarlyOn
(800-327-5966)

Project Find Birth – age 26
Refer by phone 1-800-252-0052
Project Find is a referral for
Special Education.



Date _____

Medical Offices/Providers (please check answer)

- Hospital
- Family Doctor/Pediatrician
- Neurologist
- Other Medical provider _____

Referral Being Made By

Contact Name _____ Address _____
Title _____
Organization _____ City _____
Work Phone () _____ Ext. _____ Zip _____
E-Mail _____ Does the Parent/Guardian know that this referral is being made?
(please check answer) Yes No

Parent/Guardian Information (Michigan Address Requested)

Parent Name(s) _____ Address _____
 Foster Parent _____
 Grandparent _____
 Adoptive Home Phone () _____ Apt. # _____
 Aunt/Uncle Cell Phone () _____ City _____
 Legal Guardian Work Phone () _____ Zip _____
 Other (please specify below) Ext. _____ County _____
E-Mail _____ School District: _____
When is the best time to contact parent(s)? _____

Child Information

Child's Name _____ Premature birth born at _____ weeks gestation
Date of Birth _____ Low birth weight _____ lbs _____ ozs or weight in grams _____
Type of Birth Single Twin Triplet Has the child had an IEP? _____
Gender Male Female Has the child had an IFSP? _____

Briefly describe symptoms and/or diagnosis, recommendations, or description of concerns in the space below.

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