



FAX REFERRAL FORM

Please complete all contact information and as much other information as possible. Thank you for your referral.

From

Name: _____ Date: _____

Office/Agency: _____ Phone #: _____

Address: _____

Relationship to Child:

Parent/Caregiver Physician Child Care Provider Other:

Child

Name: _____ Date of Birth: _____

Gender: Male Female

Area(s) of Concern: Cognitive Physical Communication (Speech/Hearing) Social/Emotional Adaptive (self-help)

Reason for Referral: _____

Are you aware of any developmental screening performed? No Yes: which ones? ASQ Denver Dial R HELP Audiological Vision Other

Significant Results, if any (please fax summary results of Developmental Screen utilized, if available): _____

Parent / Caregiver

Name(s): _____

Relationship to Child: Mother Father Foster Parent Guardian Other: _____

Residence Address: _____ Mailing Address (if different from Residence) _____

Phone #: (h) _____ (w) _____ (other) _____

Best time to call: _____

My signature above is acknowledgment that the Caregiver has authorized this referral

If you know which provider to contact, you may fax this form directly to them at their number on the back. Or, if you prefer, you may fax this form to the FIT Program's central fax number, at xxxx, and we will contact the appropriate provider for you.

Fax Numbers: FIT Program's Toll Free Central Fax Number: 1-866-829-8838
OR: Provider: _____ at Fax #: _____

This fax transmission contains health information that is privileged and confidential. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to secure this information after its stated need has been fulfilled. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, copying, or action taken in reliance on the contents of the information contained in this transmission is strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the sender via the US Postal Service. Thank you.

New Mexico Provider Agency Fax Numbers

Provider Agency	FAX Number
Abrazos Family Support Services Bernalillo, Sandoval	(505) 867-3398
Alta Mira Specialized Family Services Bernalillo, Torrance	(505) 262-0845
Aprendamos Intervention Team Dona Ana	(505) 523-7254
CARC, Inc. Eddy	(505) 887-1570
Citizens for the Developmentally Disabled Colfax, Harding, Union, Mora, San Miguel	(505) 445-8254
DSI McKinley	(505) 722-2191
ENMRSH Curry, De Baca, Guadalupe, Roosevelt	(505) 763-4158
Growing in Beauty Program Navajo Nation	(505) 722-1554
La Vida Felicidad, Inc. Valencia	(505) 865-5331
Laguna Pueblo - Div. of Early Childhood Pueblo of Laguna	(505) 552-6398
Las Cumbres Learning Services, Inc. Los Alamos, Rio Arriba	(505) 753-6947
Leaders Lea	(505) 393-1318
Life Quest Catron, Grant, Hidalgo, Luna	(505) 388-8730
MECA Dona Ana, Quay	(505) 523-1108
Medically Fragile Case Management / UNM-CDD Statewide	(505) 272-8100
Mescalero Apache Early Childhood Program Mescalero Apache Nation	(505) 464-8014
Mosaic Cibola	(505) 287-9336
Native American Pueblo Parent Resources (NAPPR) Bernalillo, Cibola, Sandoval, Valencia	(505) 345-6478

Provider Agency	FAX Number
NM School for the Deaf - STEP*HI Statewide	(505) 476-6315
NM School for the Blind & Visually Impaired Statewide	(505) 265-4866
New Vistas Santa Fe, San Miguel, Mora	(505) 989-8740
PB&J Family Services, Inc Bernalillo, Sandoval	(505) 877-7063
Pecos Valley Regional Center Cooperative Chaves, Eddy	(505) 748-6160
Pine Hill Early Intervention Program Cibola	(505) 775-3241
PMS - Roundtree Developmental Services San Juan	(505) 325-2477
Presbyterian Baby Steps EI Program Bernalillo	(505) 559-1155
RCI, Inc Bernalillo	(505) 255-9971
Region IX Educational Cooperative Lincoln	(505) 257-1033
Socorro General Hospital - Casa Alegre Socorro	(505) 835-8727
Taos ARC Taos, Colfax	(505) 758-1680
Tobosa Chaves	(505) 623-6444
Tresco -TOTS Dona Ana, Sierra	(505) 528-1756
UNM Developmental Care Program Statewide	(505) 272-6845
UNM Pediatrics – FOCUS Program Bernalillo	(505) 272-3461
Zia Therapy Center, Inc. Otero	(505) 437-0057
Entrepreneurial Enterprises, Inc. (ZEE) Zuni Pueblo	(505) 782-2585
Children’s Medical Services Statewide	(505) 476-8896

Referrals faxes can also be sent to a toll free central fax number at 1-866-829-8838, and we will contact the appropriate early intervention provider for you.