



Child Last Name: _____

Child First Name: _____

DOB: _____

WV BIRTH TO THREE REFERRAL FORM

Do you:

- Have concerns about a child's development?
- Have concerns that a child may be at risk of delay in the future?
- Know a child with medical conditions that may result in developmental delay?

WV Birth to Three (WVBTT) is a statewide system that supports families of children under the age of three (3) who have or are at risk of having a delay in their development. WVBTT helps families learn more about how to support their children's development. If you know a child and family that may need assistance, please inform the family that you are referring them to WV Birth to Three, then complete the form below. Families may also use this form to make a referral for their child. *Please complete all sections of the form.*

CHILD'S LEGAL NAME: _____
First Middle Initial Last, Suffix

DOB: ____/____/____ **County of Residence:** _____ **Gender:** Male Female Ambiguous Unknown

PRIMARY CONTACT FOR CHILD: _____
First Middle Initial Last, Suffix

Relationship to Child: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Best time to call the family?** _____

Alternate Contact Name: _____ **Telephone:** _____

REASON FOR REFERRAL *Why are you contacting WVBTT? What questions or concerns do you have about the child's development? How do you think WVBTT can help?*

DOES THE CHILD HAVE ANY MEDICAL DIAGNOSES THAT YOU ARE AWARE OF? (Please list)

Is the family aware of the referral? Yes No

What is the native language/mode of communication in the home? _____

Is an interpreter needed for the family to access Birth to Three services? Yes No

Has this child ever been referred to WV Birth to Three or received services before? Yes No Don't Know

If yes, when and where? _____

Referring Individual's Name: _____ **Date Referral Sent:** ____/____/____

Referring Agency (if applicable): _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Email:** _____ **Fax #:** _____



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

FOR RAU USE ONLY

Child Last Name: _____

Child First Name: _____

DOB: _____

Please send your referral to the RAU for the county where the child resides:

RAU I: Catholic Charities West Virginia *Brooke, Hancock, Marion, Marshall, Monongalia, Ohio, Tyler, Wetzel*

Address: 2000 Main Street Suite 222, Wheeling, WV 26003 **Phone:** 1-800-619-5697 **Fax:** (304) 214-5792

RAU II: The Arc of Mid-Ohio Valley *Calhoun, Doddridge, Gilmer, Harrison, Pleasants, Ritchie, Wirt, Wood*

Address: 912 Market St, Parkersburg, WV 26101 **Phone:** 1-866-401-8919 **Fax:** (304) 865-2072

RAU III: River Valley Child Development *Clay, Jackson, Kanawha, Roane*

Address: 1 Players Club Drive, Ste. 160, Charleston WV 25311 **Phone:** 1-844-885-0618 **Fax:** (304) 414-4461

RAU IV: River Valley Child Development *Boone, Cabell, Lincoln, Logan, Mason, Mingo, Putnam, Wayne*

Address: 432 2nd Street, Huntington, WV 25701 **Phone:** 1-866-982-8855 **Fax:** (304) 523-5556

RAU V: MountainHeart Community Services *Barbour, Lewis, Preston, Randolph, Taylor, Tucker, Upshur*

Address: 1200 Harrison Ave, Suite 220, Elkins, WV 26241 **Phone:** 1-800-449-7790 **Fax:** (304) 637-2845

RAU VI: MountainHeart Community Services *Braxton, Greenbrier, Monroe, Nicholas, Pocahontas, Summers, Webster*

Address: 25 Red Oak Shopping Center, Lewisburg, WV 24901 **Phone:** 1-866-229-0461 **Fax:** (304) 647-5521

RAU VII: MountainHeart Community Services *Fayette, McDowell, Mercer, Raleigh, Wyoming*

Address: 1411 North Walker Street, Princeton, WV 24740 **Phone:** 1-866-207-6198 **Fax:** (304) 425-7367

RAU VIII: RESA 8 Child Development Services *Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton*

Address: 109 S. College Street, Martinsburg, WV 25401 **Phone:** 1-800-367-3728 **Fax:** (304) 267-3599

WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

