ECEI can offer a range of supports for families with a child aged 0 to 6 years who has either a disability or a developmental delay. The type of supports offered will be different for every child and their family according to their individual needs.



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | |  | | | | | | | | Last name | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | |  | |  | | | | | | Gender: | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| Home address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child identify as Aboriginal and/or Torres Strait Islander? | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | | | |  | | |
| Does the child live with their parents? | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | | | |  | | |
| If no, please provide details of living arrangements: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the child an Australian citizen? | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | | | |  | | |
| If the child is not an Australian citizen, do they hold: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * a permanent visa or are protected by Special Category Visa holder? | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | | | |  | | |
| * another type of visa (please specify, eg Bridging Visa, Temporary Protection Visa, Protection Visa): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent / carer details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adult 1**: Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to child: | | |  | | | | | | | | Preferred language | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Does this person identify as Aboriginal or Torres Strait Islander? | | | | | | | | Yes | | |  | | No | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | | |  | | | Preferred contact | | | | | | | | | Phone | | | | | | |  | Email | | | | | | | |  | | Post | | | |  |
| **Adult 2**: Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to child: | | |  | | | | | | | | | Preferred language | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Does this person identify as Aboriginal or Torres strait Islander? | | | | | | | | Yes | | |  | | No | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | | |  | | | Preferred contact | | | | | | | | | Phone | | | | | | |  | Email | | | | | | | |  | | Post | | | |  |
| Custody / court orders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any court orders / custody arrangements for the child? | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | | |  | | |
| *If yes, please provide a copy of the court order with this application* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main language spoken at home: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is an interpreter required for the phone conversation? | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | | |  | | |
| Professionals / services currently involved  Please list the services and supports you are already using to help you meet your child’s needs (e.g. GP, paediatrician, maternal & child health nurse, medical specialist, therapist, etc.) and the services your child currently attends (e.g. childcare, kindergarten, occasional care, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service name |  | | | | | | Profession | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | Phone | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Has the family given ECEI permission to contact and share information? | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | |  | | |
| Service name |  | | | | | | Profession | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | Phone | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Has the family given ECEI permission to contact and share information? | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | |  | | |
| Service name |  | | | | | | Profession | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | Phone | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Has the family given ECEI permission to contact and share information? | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | |  | | |
| Service name |  | | | | | | Profession | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | Phone | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Has the family given ECEI permission to contact and share information? | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | |  | | |
| Child’s disability and / or developmental delay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child have a diagnosed disability? | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | No | | | | |  | | |
| If yes, please indicate the diagnosis | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If no, is the child undergoing assessment for disability or developmental delay* | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | No | | | | |  | | |
| Has the child had a recent developmental screen with the Maternal Health Service? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | No | |  | |
| If yes, was referral to ECEI recommended? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | No | |  | |
| Has the child had a vision assessment? *If yes, please attach report* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | No | |  | |
| Has the child had a hearing assessment? *If yes, please attach report* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | No | |  | |

|  |  |
| --- | --- |
| Developmental Area | Concerns  *Describe the concerns regarding the child’s development* |
| **Self-care**  *(eg feeding / dressing / toileting etc. appropriate for age)* |  |
| **Physical skills**  *(eg gross and fine motor skills such as moving around / crawling / walking / sitting, rolling, using mobility aids etc.)* |  |
| **Communication**  *(eg understanding, talking and communicating needs with others appropriate for age, etc.)* |  |
| **Relationships and behaviour**  *(eg relating to others within the home or community environments etc.)* |  |
| **Learning and play**  *(eg learning, remembering and practicing new skills such as playing games, pretend play, etc.)* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Consent to provide information | | | | | | |
| As the parent or carer of this child, I give consent for this information to be provided to Merri Health. | | | | | | |
| Parent / Carer Name | |  | | | | |
| Signature | |  | | Date |  | |
| Name of person providing support to complete this form: (if applicable) | | | | | | |
|  | | | | | | |
| Position: |  | | Organisation: | | |  |

Please forward to Merri Health Intake via email ecei@merrihealth.org.au

Need more information? Ph: 1300 665 437 (1300 OM KIDS)

Office use only – date referral received: