Early ACCESS –EHDI Referral Form

State EA toll-free at 1-888-IAKIDS1 (1-888-425-4371)
Fax: (515) 558-6258
Early ACCESS web site:
www.iafamilysupportnetwork.org

Referred By:		
Date:		
Name:	Agency:	
Address:	Phone:	

Demographics:		
Child's Name:	DOB:	Sex: Select One
Parent or Caretaker Names:	Languages used in the Home:	
Phone Number(s):		
Email Address(s):		
Address:	City:	State/Zip:

Reason for Referral:

☐ Permanent Hearing Loss (Confirmed: ___/___/___)

ALL IOWA CHIDREN WITH PERMANENT HEARING LOSS QUALIFY FOR EARLY ACCESS SERVICES

Permanent hearing loss of any degree and configuration can result in developmental delays without appropriate intervention.

Notes for Early ACCESS:

Attach Records Required:

☐ **Most Recent Audiology Assessment**

☐ **Parents have agreed to this referral to Early ACCESS**