



**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](http://www.iafamilysupportnetwork.org)



<b>Referral Source:</b>			
Date:	Agency Name:		
Name:	Email:		
Phone:	Fax:		
Address:	City:	State:	Zip Code:

<b>Demographic Information:</b>		
Child's Name:	DOB:	Sex:
Birth Facility:	Language(s):	Interpretation Needed:
Address:	City:	State: Zip Code:
Child Lives with (Names):	Relationship to Child:	
Phone Number(s):	Email(s):	
Child's Parent(s) Names (if not same as above):		
Address:	City:	State: Zip Code:
Phone Number(s):	Email(s):	

<b>Reason for Referral:</b>	
Permanent Hearing Loss Confirmed on:	Parent/Caregiver agreed to this Early ACCESS referral
Check if you have communicated with the family for a Family/Deaf Support Referral	

**ALL IOWA CHILDREN 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:**

*\* For a copy of the most recent hearing assessment or release of information, contact the referral source listed.*