

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Early Hearing Detection, Diagnosis, and Intervention Program 1610 N.E. 150th Street · Shoreline, Washington 98155 Phone 206-418-5613 | Toll Free 1-888-WAEHDDI (1-888-923-4334) | Fax 206-364-0074

Resource Referral Form for Children who are Deaf or Hard of Hearing

How to complete this form:

Child's Name:

- 1. Discuss the resources on page 2 with the child's parent or guardian.
- 2. Select which resources they would like to be referred to.
- 3. Complete the contact information section and have the child's parent or guardian sign the authorization below.
- 4. Fax completed forms to the EHDDI program at (206) 364-0074. The EHDDI program will forward the referral to the organization(s) selected and mail the family a resource notebook, if requested.

DOB.

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Parent/Guardian Name:			
Mailing Address:			
City:	State:	Zip:	
Phone Number:	Email:	Email:	
Primary Language Spoken:			
Referring Provider:	Clinic:		
By signing below, I authorize the Washington Sta Diagnosis, and Intervention (EHDDI) Program to and my child's name, date of birth, and hearin selected on the next page for the purpose of obta	release my name a ng screening/diagn	and contact information listed above ostic results to the organizations	
Parent/Guardian Signature:		Date:	
Relationship to Child:			

If you have any questions, please contact us at (206) 418-5613.

Please check the box next to the resources you would like to receive.

Thank you for your time, Washington State Early Hearing Detection, Diagnosis, and Intervention (EHDDI) Program



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.wa.gov.