



## CLIENT REFERRAL FORM

Darlyn's Darlings and Caring Corner will assist families with daily nursing requirements, child care, and medical case management of medically fragile children. We also offer family training, special education, daycare, respite, and parent education.

**DEVELOPMENTALLY DELAYED**  
**MEDICALLY FRAGILE**  
**SPECIAL NEEDS**  
**BIRTH - 21 YEARS OLD**  
**NURSE ON DUTY AT ALL TIMES**

**ALTERNATIVE TO HOME HEALTH CARE**  
**PERSONALIZED TREATMENT PLAN**  
**AGE/ABILITY APPROPRIATE ACTIVITIES**  
**MEDI-CAL PROVIDER**  
**KERN REGIONAL CENTER VENDOR**

While in our Care Center, children are introduced to activities and socialization skills in a nurturing family centered environment. Most importantly, while attending our daycare their medical needs are fully met by skilled pediatric professionals.

### *Please complete the following information:*

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Client's Name \_\_\_\_\_ Age \_\_\_\_\_

Primary Language \_\_\_\_\_ Diagnosis \_\_\_\_\_

Primary Insurance:  Medi-Cal  Private  Other

KRC Client:  Yes  No If yes, Case Manager \_\_\_\_\_

### *Referring Agency:*

Agency Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employee Name \_\_\_\_\_ E-mail \_\_\_\_\_

### *Please select one:*

Type of Services Requested:  Daycare (ages 0-21 yrs)  
 Daycare and Special Education (ages 0-5 yrs)  
 Respite (ages 0-21 yrs)

### *Parent/Guardian Permission:*

I \_\_\_\_\_ give permission to release the above information to  
Parent/Guardian Name

Select one or both:  Caring Corner  Darlyn's Darlings

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### *Please fax the completed Referral Form or call:*

Caring Corner  
Attn: Edith Ellenberger, RN  
Phone: 847-7342  
Fax: 847-7346

Darlyn's Darlings  
Attn: Maryellen Bateman, RN  
Phone: 631-2273  
Fax: 631-2278