Worried about your child’s development and behavioral wellness? **Support Options**

Young children talk and play with people and objects to learn about the world around them. Families and friends that are loving, caring, and supportive help children develop, grow, and build a healthy foundation. This decision making aid is for parents, guardians, caregivers, or support providers who are worried about how a child is growing, learning, and interacting with the world and people around them. Use this decision aid to discuss and seek out support options.

**WHY IS DEVELOPMENT AND BEHAVIORAL HEALTH IMPORTANT?**

Child’s Name ____________________________ Age _____ Parent/Guardian Name__________________________________ Phone#______________

What about your child’s development or behavior is worrying you? __________________________________________________________________
___________________________________________________________________________________________________________________________

Who helped me to complete this form? Name __________________________________Agency __________________________Phone#__________

**DO I WANT OR NEED TO SEEK SUPPORT FOR MY CHILD?**

Based upon the information discussed and what you are worrying about screening ______ evaluation ________ is needed. A referral may be made to one local program of Early Intervention Colorado, school district based on the county your family lives in or other service. I choose the following for my child:

- Provider referral — I agree for a referral to be submitted on my child’s behalf to
  - Early Intervention
  - Child Find
  - Health Solutions
  - Pueblo Community Health Center
  - Other Service

- Self referral — I choose to contact a service on the back of this sheet for my child myself.

- Individual resource — I choose to seek services and resources for my child on my own.

**I AM NOT READY TO MAKE A DECISION OR CHOOSE NOT TO MOVE FORWARD, WHAT SHOULD I DO?**

All children develop at their own pace and some children need a boost to help them along the way. Your child may not have a significant delay or you may want to learn more about other options on how to help them grow, learn or interact with the world around them.

Here are some activities or recommendations to try: __________________________________________________________________
___________________________________________________________________________________________________________________________

If you decide at a later date and time you would like more information or a referral, please contact the provider who helped you complete this form.

Signature of Provider ____________________________________________________________     Today’s Date  __________________________
### Questions?

<table>
<thead>
<tr>
<th>Questions?</th>
<th>Early Intervention Colorado Bluesky Enterprises (719) 583-2459 coloradobluessky.org</th>
<th>Child Find Pueblo City Schools District 60 (719) 423-3885 (719) 253-6024</th>
<th>Child Find Pueblo County School District 70 (719) 542-1671</th>
<th>Health Solutions (719) 583-2207 health.solutions</th>
<th>Pueblo Community Health Center (PCHC) (719) 583-8711 pueblochc.org</th>
<th>Other Service (Insert resource information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is eligible for this service?</td>
<td>Birth up to age 3 with a 25% delay in one of five developmental domains</td>
<td>Any child enrolled in school up to age 21 with a condition impacting the ability to learn</td>
<td>Any child enrolled in school up to age 21 with a condition impacting the ability to learn</td>
<td>Anyone</td>
<td>All registered patients of PCHC - includes newly registered patients</td>
<td></td>
</tr>
<tr>
<td>How much will I pay for this service?</td>
<td>No out of pocket cost</td>
<td>No out of pocket cost</td>
<td>No out of pocket cost</td>
<td>Based on sliding scale fee and/or insurance provider, Health First Colorado Medicaid Program accepted</td>
<td>Based on sliding scale fee and/or insurance provider, Health First Colorado Medicaid Program accepted</td>
<td></td>
</tr>
<tr>
<td>When can my child be seen for an Initial evaluation?</td>
<td>Within 45 days of receipt of referral</td>
<td>Approximately within 45 days after referral time</td>
<td>Approximately within 45 days after referral time</td>
<td>Intake to appointment within seven days</td>
<td>Varies</td>
<td></td>
</tr>
<tr>
<td>Where is this service provided?</td>
<td>Home Child Care Center (Where the child spends most of the day)</td>
<td>District Pre-school</td>
<td>District Pre-school</td>
<td>Home Clinic Pre-school Child Care Center</td>
<td>Clinic</td>
<td></td>
</tr>
<tr>
<td>Does this service provide additional support for my family?</td>
<td>Provides assistance in obtaining and coordinating needed services</td>
<td>None</td>
<td>None</td>
<td>Counseling Parenting Classes Mobile Crisis Unit</td>
<td>Medical Dental Mental Health</td>
<td></td>
</tr>
</tbody>
</table>

**Private Insurance:** Contact the member number on the back of the insurance card to learn about your benefits.

**Health First Colorado:** Recipients of the Medicaid Program contact Healthy Communities/Pueblo StepUp at (719) 557-4567 or 1-844-511-5437 to learn about your benefits.

**Learn more here**
- Early Minds Matter in Pueblo earlymindsmatter.org
- Centers for Disease Control and Prevention Milestones in Action cdc.gov/MilestonesInAction (Download the Tracker App)
- Peak Parent Center peakparent.org
- **Bright by Text** Text: BRIGHT to 274448