# CHILDREN'S CARE HOSPITAL & SCHOOL
# REQUEST FOR OUTREACH SERVICES

*Please print and complete form completely. This can be mailed to **Gretchen Fjerkenstad**, Intake Specialist or Becky Deelstra-Speck, Outreach Services Manager: 2501 W. 26th Street, Sioux Falls, SD 57105, faxed to **782-8488**, or given to a CCHS therapist serving the child. Call 782-2379 and choose the Outreach Services option for further information. Thanks!*

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**Date:** ____________________

**Child's name:** ________________________ **DOB:** ______________ **SSN:** ________________________

**Parent/guardian name and address:**
______________________________________
______________________________________
______________________________________

**Phone number (s):**
____________________(h) ___________________(c)

**County:**
_____________________________________________

**Responsible payor:** (circle) School district Part C NESC Other______________

**School district** (if applicable): ___________________________________ **Phone:** ________________________________

**Contact/person requesting service**:

_____________________________________ (print name here)

__________________________________________________ (signature)

**Service(s) and frequency requested:**

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| ☐ ***Occupational Therapy*** | | ☐ ***Physical Therapy*** | |
|---|---|---|---|
| ☐ Evaluation | Date Consent signed: | ☐ Evaluation | Date Consent signed: |
| ☐ Direct | Frequency: | ☐ Direct | Frequency: |
| ☐ Consult | Frequency: | ☐ Consult | Frequency: |
| ☐ ***Speech Therapy*** | | ☐ ***Psychology*** | |
| ☐ Evaluation | Date Consent signed: | ☐ Evaluation | Date Consent signed: |
| ☐ Direct | Frequency: | ☐ Training | Type: |
| ☐ Consult | Frequency: | ☐ Consult | Frequency: |
| ☐ ***Special Instruction*** | | ☐ ***Other*** | |
| ☐ Evaluation | Date Consent signed: | ☐ *Autism Evaluation* | |
| ☐ Direct | Frequency: | ☐ *Audiology Evaluation* | |
| ☐ Consult | Frequency: | ☐ *I would like information on*_________________ | |

CHILDREN'S CARE
*For Children with Special Needs and Their Families*
2501 W. 26th Street, Sioux Falls, SD 57105 (605)782-2300
1100 W. 41st Street, Sioux Falls, SD 57105 (605)782-2400
7110 Jordan Drive., Rapid City, SD 57702 (605)342-4412