

2002 East Robinson Norman, OK 73071

405-307-2800 🖀

care@jdmc.ok.gov ⊠ www.jdmc.org

PARENT / GUARDIAN CONTACT INFORMATION: Guardian's name:					C.A.K.E	Progr	am Ker	errai F	orm				
Name of person completing the referral:	Date of referral: Referral source: D.D. McCarty DHS DDS DOTHER:												
Primary phone: Email:	· · · · · · · · · · · · · · · · · · ·												
PARENT / GUARDIAN CONTACT INFORMATION: Guardian's name:	Name of per	son con	nplet	ing the referral:				-					
PARENT / GUARDIAN CONTACT INFORMATION: Guardian's name:	Primary phor	ne:			Email:								
PARENT / GUARDIAN CONTACT INFORMATION: Suardian's name: Relationship: Primary phone: Secondary phone: Email: Name of individual: Date of birth: Address: County: Sender SSN: SON: SCONFIRME with testing Perceived Ruled out	Have you no	tified th	e cai	regiver of this		Yes □ N	lo						
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SOCIAL INFORMATION:											
Household makeup (list who resides in the hom	e										
and their relationship to the child/young adult):											
Do any other members of the household	☐ Yes	If Yes, exp	plain:								
have a diagnosed or perceived intellectual	□ No										
or developmental disability?											
Is there a risk for placement disruption?	☐ Yes	Explain, li	_								
	☐ No	timefram	e if								
		possible:									
Is there a risk for DHS involvement?	☐ Yes	If Yes,									
	□ No	Explain:									
Is the client currently receiving any	☐ Yes	If Yes,									
resources/therapies/services?	□ No	explain:									
List any specific needs the caregiver has iden	ntified:										
		EDUC	ATION:								
Name of school client attends:											
Does the client currently have an IEP plan or	n file?		□ Ye	Yes □ No □ Unknown							
Additional Information:											
	9	SPECIAL CON	ISIDERATIO	IONS:							