



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