

Date:

Dear:

Thank you for referring, \_\_\_\_\_ to the Arizona Early Intervention Program.  
At this time, we are unable to process the referral because we do not have sufficient information to proceed.  
Please fax the information below to me so we can complete the referral. Thank you.

Sincerely,

**Fax the following information to:**

Name of person(s) with whom the child lives \_\_\_\_\_

Telephone number to contact \_\_\_\_\_

Child's name \_\_\_\_\_

Child's address \_\_\_\_\_

Child's date of birth \_\_\_\_\_

Other \_\_\_\_\_