



## Infant and Early Childhood Mental Health Support Request

Person Making Request:

Phone:

Email:

Date:

Case ID:

Crisis:

Tier:

Sector:

Site Name:

County Where Child Resides:

Who was informed that you are making this request? Verbal notification given to:

Has caregiver given written consent for this request?

Reason for Request:	Aggression	Interactions/Relationship with Caregiver	Self-Regulation
Challenging Behavior(s) At Home	Challenging Behavior(s) In Classroom or Other Setting	Excessive Unexcused Absences	
Classroom Environment Issues	Interactions/Relationships with Others	Receptive or Expressive Communication	
Repetitive Behaviors/Sensory Issues	Sleep/Eating Challenges	Need for Developmental Guidance/Resources	
Toileting	Trauma	Need To Refer To Outside Resources	Mental Health/Social Emotional Development (General)
Other (Please Specify:)			

Please share if other agencies are currently working with child/family. Outside Referral In Place:

Outside Agencies Involved (if applicable):

Family Caregiver Name:

Caregiver Email:

Caregiver Address:

Caregiver Phone:

Best Time To Contact:

Child's Name:

Child's Race:

Date of Birth:

Child's Ethnicity:

Child's Gender:

Poverty Level:

# in Household:

In Foster Care:

Transient Family:

DHR Involvement:

Modified Day Education Schedule:

Details:

Current Service Plan:

Child At Risk of Suspension or Expulsion:

Please send completed form and any related documentation to  
**iecmh.services@mh.alabama.gov** via encrypted email.