



## 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 to [iecmh.services@mh.alabama.gov](mailto:iecmh.services@mh.alabama.gov) via encrypted email.