Parent-Infant Program
New Family Referral Form

A Statewide Home Visitation Program for Birth to Five Years Old with Hearing Loss and their Families

Demographic Information

Child's Name:	DOB: ☐Male ☐Female
Guardian's Name: Relationship:	Guardian's Name: Relationship:
Phone:	Phone:
Address:	Address:
City/State/Zip:	City/State/Zip:
Email:	Email:

Audiology Information

Audiologist:	Clinic/Hospital:
Amplification: ☐ None ☐ hearing aids ☐ cochlear implants ☐ bone conduction hearing aids Circle one: Suspected Hearing Loss ☐ Confirmed Hearing Loss ☐	
Additional Information:	

Date:	
Referred by:	Relationship:
Address:	
City/State/Address	
Phone	Email:
☐ **The family knows this program will be contacting them.**	

Return form to your regional Parent-Infant Program office or to Parent-Infant-Program Coordinator, Nicole Swartwout, at #1 North Main Suite 108 Minot, ND 58701.
Phone: (701) 857-8681 or Cell: (701)739-9509 Email: Nicole.Swartwout@k12.nd.us