Frequently Asked Questions
About Early Intervention Referrals for Children Who are Deaf or Hard of Hearing

Who provides early intervention services?
The Early Support for Infants and Toddlers (ESIT) program coordinates a statewide system of early intervention services and provides assistance in accessing those services through a county Family Resources Coordinator (FRC). Early intervention services are available to eligible children ages birth to 3 years of age.

How do I make a referral?
- Fax, call, or secure email the Lead FRC for the county in which the child lives. See the Early Support for Infants and Toddlers (ESIT) Contact Directory to locate the child’s lead FRC.
- Refer through the EHDDI program
  - Complete the Resource Referrals for Children who are Deaf or Hard of Hearing Form and fax it to the EHDDI program at 206-364-0074.
  - If you use the EHDDI Web Application to report results online, enter an FRC referral in the child’s case. See page 18 of our EHDDI Web Application Guide for instructions on how to make a referral through the EHDDI web application.

What will the FRC do when they receive the referral?
- Arrange in-depth developmental screening or evaluation to verify or rule out the need for early intervention services;
- Explain early intervention services available and help develop an Individualized Family Service Plan (IFSP), if needed;
- Access other community programs such as parent support, respite, and transportation; and
- Identify funding resources for early intervention services.

When should I refer the family to the FRC?
The Individuals with Disabilities Act (IDEA) Part C requires primary referral sources, such as audiologists, to refer a child identified as deaf or hard of hearing to the Part C program “as soon as possible but in no case more than seven days” after identification.

What if I haven’t confirmed the hearing loss with repeat testing yet?
Refer to the FRC as soon as you suspect a permanent hearing loss. The family can start working with the FRC before receiving the follow-up hearing evaluation(s) or other medical evaluations.

Should I refer a child with fluctuating but persistent conductive hearing loss?
Yes, refer a child with a fluctuating conductive hearing loss that has persisted in the first few months of life and remains for 6 months. This includes children with cleft palate or Trisomy 21 who are at very high risk for chronic fluctuating middle ear effusion.

What if the child is already enrolled in early intervention services?
You still need to notify the child’s FRC about a suspected hearing loss. The FRC can assist the family in accessing additional services available for children who are deaf or hard of hearing.
Do I need the family’s permission to send a referral to the FRC?
Yes, obtain and document parental consent before sending the referral to the FRC.

What if the child doesn’t qualify for services?
Permanent hearing loss of any degree or configuration, even mild and unilateral, can put a child at risk for developmental delays. If an FRC determines that a child is not eligible for early intervention services through the ESIT program, the FRC can provide the family with information about periodic developmental, hearing, and speech monitoring and referrals to other support services.

What is the cost to the family for services provided by the FRC?
Family resources coordination, developmental screening, and evaluations to determine eligibility are provided at no cost to families. The FRC will work with the family to find funding resources for early intervention services if their child is found to be eligible.

What if the family declines the referral to early intervention services?
If a family declines the referral for early intervention services, document this in your records and when reporting results to the EHDDI program.