igrow Central Illinois Coordinated Intake uses IRIS to make referrals to IHV or LTHV programs, in the Peoria area. If you or your organization would like more information about IRIS or how to become an IRIS partner, please contact the Tazewell County Health Department, tazcohth@tchd.net.

CIAT – Coordinated Intake Assessment Tool

Date: ____/____/_____ Person Completing Form: _____

Referral Source: _____ Phone: (_____) _____-_____

Email Address: _____ Fax: (_____) _____-_____

Caregiver First Name: _____ Last Name: _____

Phone: (_____) _____-_____ OK to text? □ Yes □ No Additional: (_____) _____-_____

Email Address: _____

DOB: ____/_____/_____ Pronouns: □ she/her □ he/him □ they/them □ _____

Address: _____

City, State: _____ Zip Code: _____

County: □ Peoria □ Tazewell □ Woodford □ Other _____ School Name/District: _____

If pregnant, EDD: ____/____/_____

□ First time caregiver
□ Pregnant and under 21
1st OB appt: ____/____/_____

Number of children in the home:

□ 1 □ 2 □ 3 □ 4 □ 5 or more

Youngest child; Name, DOB

_____, ____/____/_____

Additional children; Name, DOB

_____, ____/____/_____
_____, ____/____/_____
_____, ____/____/_____
_____, ____/____/_____
_____, ____/____/_____

Race/Ethnicity: select all that apply.

□ African
□ American Indian, Alaska Native, or Indigenous
□ Asian
□ Black
□ Caucasian
□ East Asian
□ Hispanic/Latino/Latina/Latine
□ Middle Eastern
□ Native Hawaiian/Pacific Islander
□ South Asian
□ Southeast Asian
□ Self-describe: _____
□ No response to race or ethnicity

Preferred language: _____

Languages spoken: _____

Services being received:

□ Early Intervention
□ WIC □ SNAP
□ TANF □ Foster Care
□ BBO □ FCM
□ SSI □ SSD
□ DCFS □ CCAP
□ other: _____

Health Insurance: □ None
□ Military (TriCare)
□ Public (Medicaid, Medicare, etc)
□ Private (HMO, etc)
□ other: _____

Grade level achieved: _____

Currently enrolled: ☐ Yes ☐ No
HS Graduate/GED: ☐ Yes ☐ No

Primary income for the past 12 months (select all that apply): □ employment □ other: _____

below $10000/year $10001-$39000/year $39001-$52000/year $52001-$100000+/year

Is this referral a KEEPER? □ Yes, enrolled □ Yes, pending enrollment □ No, please refer

Signature: _____ Date: ___/____/_____

☐ consent to share information with CI and agencies to connect with IHV services.