**HELP ME GROW community Referral Form**

***Please attach the ASQ-3, ASQ-SE2; M-CHAT; or other screening tools and any authorized forms (if available)***

***By providing consent, you as the parent or guardian are agreeing to this referral to Help Me Grow (HMG) and understand that Help Me Grow will contact you about your child. This includes permission for Help Me Grow and your provider to collaborate by sharing your child’s developmental screening results, the resources and referrals provided to your child, and the results of actual resource or referral linkages.* To connect a family to Help Me Grow, the parent or guardian needs to either:**

**1. provide verbal consent to you OR 2. sign below:**

1. **Has parent or guardian provided verbal consent to be connected to Help Me Grow Specialist? YES, they have agreed**
2. **Parent/Primary Caregiver Signature: Date:**

**Referring Provider Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Referral Date | Referral Site Name | Referring Provider Name | | Referring Provider Title | | |
| Address | | Unit/Suite | City | | | Zip Code |
| Phone Number  (     )     -- | | Fax Number  (     )     -- | | | Email Address | |
| Did you already refer child/family to (check all that apply):  California Children’s Services (Date Submitted:       )  Mental Health Services (Date Submitted:       )  Other:       (Date Submitted:       ) | | Golden Gate Regional Center (Date Submitted:       )  MCOE/School District (Date Submitted:       )  Name of District | | | | |

**Child’s Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Last Name | Child’s First Name | | Date Of Birth (or due date)     -    - | Gender |
| Address | | Unit | City | Zip Code |
| Child’s Health Insurance (if known): | | | | |

**Parent / Primary Caregiver’s Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Primary Caregiver Last Name | Parent/Primary Caregiver First Name | | Relationship to Child | | Primary Language |
| Best Phone (check one) Home Work Cell  (     )     -- | | Best Time to Call (check all that apply)  Morning Afternoon Evening | | Email Address | |

**Reasons for Concern/Referral (check all that apply)**

|  |  |  |
| --- | --- | --- |
| **DEVELOPMENT** | **SOCIAL-EMOTIONAL/CHALLENGING BEHAVIOR** | **FAMILY, HEALTH & GENERAL SUPPORT** |
| Age-appropriate/adaptive skills  Communication/Language  Intellectual/Problem Solving  Fine Motor Skills  Gross Motor Skills | Behavioral Concerns**:** Compliance/Impulsive  (Following Directions/Staying on task)  Crying /Consoling  Coping Skills (Frustration Tolerance)  Sensory Concerns  Shy/Withdrawn/Clingy  Social Skills  Tantrums/Adverse Childhood Experiences | Basic Needs  Early Care and Education  Parent Education/Support  Prenatal Care and Guidance  Play Groups  Health/Medical Issues  High Family Stress  Community Resource Information |
| Personal (Self Help)/Social  Other Reason(s): |

**Additional Comments? how can Help Me Grow best assist you in supporting this child and their family?**