

HELP ME GROW REFERRAL FORM

Contra Costa Crisis Center has been contracted by First 5 Contra Costa to serve as the Help Me Grow Call Center Specialists at 211. 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 a) provide verbal consent to you OR b) sign below:

a) Has parent or guardian provided verbal consent to be connected to Help Me Grow Specialist? Yes, they have agreed

b) Parent/Primary Caregiver Signature: _____

Date: _____

REFERRING PROVIDER INFORMATION

Referral Date	Referral Site Name	Referring Provider Name	Referring Provider Title
Address		Unit	City
			Zip Code
Phone Number () --		Fax Number () --	Email Address
Did you already refer child/family to (check all that apply):		<input type="checkbox"/> Regional Center of the East Bay (Date Submitted:)	
<input type="checkbox"/> California Children's Services (Date Submitted:)		<input type="checkbox"/> SELPA/School District (Date Submitted:)	
<input type="checkbox"/> EPSDT Mental Health Services (Date Submitted:)			
<input type="checkbox"/> Other: (Date Submitted:)			

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) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Best Time to Call (check all that apply)	Email Address
() --		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

REASONS FOR CONCERN/REFERRAL (CHECK ALL THAT APPLY)

DEVELOPMENT	SOCIAL-EMOTIONAL/PROBLEM BEHAVIOR	OTHER
<input type="checkbox"/> Communication/Language	<input type="checkbox"/> Compliance (Following Directions)	<input type="checkbox"/> Basic Needs
<input type="checkbox"/> Cognition/Problem Solving	<input type="checkbox"/> Crying /Consoling	<input type="checkbox"/> Early Childhood Education/Child Care
<input type="checkbox"/> Fine Motor Skills	<input type="checkbox"/> Coping Skills (Frustration Tolerance)	<input type="checkbox"/> Parent Education/Support
<input type="checkbox"/> Gross Motor Skills	<input type="checkbox"/> Dangerous Behaviors	<input type="checkbox"/> Prenatal Care and Guidance
<input type="checkbox"/> Personal/Social	<input type="checkbox"/> Shy/Withdrawn/Clingy	<input type="checkbox"/> Play Groups
<input type="checkbox"/> Other Reason(s):	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Health/Medical Issues
	<input type="checkbox"/> Tantrums/Aggressive Behavior	

ADDITIONAL COMMENTS? HOW CAN HELP ME GROW BEST ASSIST YOU IN SUPPORTING THIS CHILD AND THEIR FAMILY?