UNIVERSAL HEALTH CARE REFERRAL FORM

Help Me Grow Western New York (HMG) is a free referral service that connects parents and providers to information about child development and community resources. By completing this form, you provide consent to:

- ❖ receive free information from HMG on child development and community resources in your area;
- ❖ receive access to a free developmental tracking tool called the Ages and Stages Questionnaire (ASQ) for each of your children ages 6 and younger;
- ❖ allow exchange of information between HMG, the provider named below, and their community partner organizations. These organizations offer services you may choose to use in supporting the well-being, health, and development of the child listed below.

Provider Information

Provider Name (e.g. Agency, Practice, School Name): _____

Contact Person: _____

Street: _____ City: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Family Information

Parent / Guardian Name(s): _____

Street: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Best time to contact: ☐ Between _____AM/PM and _____ AM/PM ☐ After 5pm ☐ Anytime

Best form of contact: ☐ Home Phone ☐ Cell Phone ☐ Email ☐ Text my Cell Phone

Please contact me in: ☐ English ☐ Spanish ☐ Other (please include specific dialect): _____

Child Name: _____ ☐ Male ☐ Female

Date of Birth: ____/_____/_____ **Premature?** ☐ Yes ☐ No If yes, # of weeks early: _____

Concerns/Reason for Referral: _____

Existing services and/or other referrals in progress: _____

☐ **Please ask me about my other children when you contact me.**

By signing this form, I, the parent/legal guardian, authorize the release and use of the information above. I also give permission to HMG, the provider listed above, and their partner service organizations to exchange information about the developmental and resource information being provided to my family.

_____ _____

Original Signature of the Parent/Legal Guardian **Date**

_____ _____

Original Signature of Person Completing This Form **Date**

To SUBMIT this form, fill in the blanks, print and sign. Email (gsmith@hmgwny.org) or fax (716.822.5577) to Gerald Smith, Family Resource Coordinator. Call 2-1-1 & press 7 with any questions.

CLEAR FORM