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 & Stages Questionnaires® (ASQ®) for each of your children ages 5 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 First & Last Name: _____

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 First & Last 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, If Not Parent/Guardian **Date**

To SUBMIT this form, fill in the blanks, print and sign. Fax to 1-833-HMG-KIDZ (1-833-464-5439), Attn. Family Resource Coordinator. Call 2-1-1 & press 7 with any questions.

CLEAR FORM