



# UNIVERSAL 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. This form is being completed indicating you know you may:

- 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.
- By signing this form, you are giving permission for the exchange of information between HMG and the provider about the child you have listed below to enhance the support you receive.

Provider Information	<b>Provider Name (e.g. Agency, Practice, School Name):</b> _____ <b>Contact Person:</b> _____ Street: _____ City: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____
	<b>Parent / Guardian Name(s):</b> _____ Street: _____ City: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____ Email: _____
	<b>Best time to contact:</b> <input type="checkbox"/> Between ____ AM/PM and ____ AM/PM <input type="checkbox"/> After 5pm <input type="checkbox"/> Anytime <b>Best form of contact:</b> <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Text my Cell Phone <b>Please contact me in:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please include specific dialect): _____
	<b>Child Name:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Date of Birth:</b> ____/____/____ <b>Premature?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of weeks early: _____ <b>Concerns/Reason for Referral:</b> _____ <b>Existing services and/or other referrals in progress:</b> _____ <input type="checkbox"/> 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 Help Me Grow and the provider listed above to exchange information about the developmental and resource information being provided to my family, so Help Me Grow and the provider can give us further support.

\_\_\_\_\_  
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 (716.882.5577) to Gerald Smith, Family Resource Coordinator. Call 2-1-1 & press 7 with any questions.