**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:**

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 | 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:       )  EPSDT Mental Health Services (Date Submitted:       )  Other:       (Date Submitted:       ) | | Regional Center of the East Bay (Date Submitted:       )  SELPA/School District (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) 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/PROBLEM BEHAVIOR | OTHER |
| Communication/Language  Cognition/Problem Solving  Fine Motor Skills  Gross Motor Skills  Personal/Social | Compliance (Following Directions)  Crying /Consoling  Coping Skills (Frustration Tolerance)  Dangerous Behaviors  Shy/Withdrawn/Clingy  Social Skills  Tantrums/Aggressive Behavior | Basic Needs  Early Childhood Education/Child Care  Parent Education/Support  Prenatal Care and Guidance  Play Groups  Health/Medical Issues |
| Other Reason(s): |

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