



## Universal Referral Form

Help Me Grow Alabama (HMG) is a **free** information and referral line connecting parents and providers to information about child development and community resources. By completing this form, you are:

- signing up to receive **free** information from HMG on child development and community resources in your area,
- signing up to receive access to a **free** developmental screening tool called the Ages and Stages Questionnaire (ASQ) for each of your children—ages 5 and under,
- authorizing the exchange of information, if permission is given below, for the child(ren) listed between HMG and the provider listed on this form.

<b>Provider's Information</b>	<p><b>Provider Name (e.g. Agency, Practice, School Name):</b> _____</p> <p><b>Contact Person:</b> _____</p> <p>Address: _____ City: _____ Zip Code: _____</p> <p>Phone: _____ Fax: _____ Email: _____</p>
<b>Family's Information</b>	<p><b>Parent or Guardian Name(s):</b> _____</p> <p>Street: _____ City: _____ Zip Code: _____</p> <p>Phone: _____ Email: _____</p> <p><b>Best time to contact:</b> <input type="checkbox"/> Between ____ &amp; ____ <input type="checkbox"/> After 5pm <input type="checkbox"/> Anytime   <b>Best form of contact:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email</p> <p><b>Please contact me in:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (including specific dialect): _____</p> <p><b>Child Name:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of weeks early: _____</p> <p><b>Concerns/Reason for Referral:</b> _____</p> <p><b>Existing services and/or other referrals in progress:</b> _____</p> <p><input type="checkbox"/> Ask me about my other children when you contact me.</p>

**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 to maintain contact with the provider listed about the developmental and resource information provided to my family, so the provider can give us further support.**

\_\_\_\_\_  
Signature of the parent/legal guardian

\_\_\_\_\_  
Date