



Referring Provider Information

Agency: _____
 Referrer Name: _____ Role: _____
 Phone: _____ FAX: _____ Email: _____
 Date of Referral: _____ Referrer's Signature/Initials: _____

Parent/Child Referring into Ohio's Help Me Grow Program

Child Name:	Date of Birth/Due Date:
Child's Address:	
Language spoken with child:	
Parent Name:	Parent Name:
Relationship to child:	Relationship to child:
Address:	Address:
Best Phone:	Best Phone:
Email:	Email:
Best Contact Time:	Best Contact Time:
Method Preferred: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	Method Preferred: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text

Reason for Referral (Must select for system referral to be accepted)

Parent communicates an interest in home visiting

Provider: I provided information about Help Me Grow and offered the parent choice of providers. Initial: _____
Parent: I was provided information about Help Me Grow and chose the service and provider indicated below.
 Chosen Contractor name: _____ Signature: _____

Home Visiting Eligibility for Program Referral (These questions must be answered prior to sending form to Central Coordination)

Is the child's parent a first time parent?
 Is the family eligible for Medicaid? Is the family eligible for WIC? Is the family eligible for OWA?
 Is the child a victim of substantiated abuse or neglect?
 Is one of the parent's on active military duty?
 Does the child have a sibling in the HMG Home Visiting Program?

Central Coordination – System Referral Outcome

Program Referral made to (Provider): _____ Date: _____
 Provider chosen by family at capacity; family contacted and placed on waitlist. Date: _____
 Provider chosen by family at capacity; family contacted and given choice of other provider. Date: _____
 Provider chosen by family at capacity; family lost to contact. System referral exit date: _____

Central Coordination must complete System Referral Outcome and return completed form to Referring Agency