



# Help Me Grow Referral Form

Prenatal to Three Services

**Fax: 216-391-3437**

**Phone: 216-736-4300**

## Child's Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street/Apt. Number City State Zip Code

Caregiver's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Caregiver's Phone Number (\_\_\_\_) \_\_\_\_\_

Caregiver has been informed of referral to Help Me Grow

**Please check all factors that apply**

CHILD FACTORS	FAMILY FACTORS	PARENT FACTORS
<input type="radio"/> Fine Motor Skills <input type="radio"/> Gross Motor Skills <input type="radio"/> Speech <input type="radio"/> Hearing/Vision <input type="radio"/> Behavioral <input type="radio"/> Cognitive <input type="radio"/> Health Concerns <input type="checkbox"/> Prematurity, Weeks _____ <input type="checkbox"/> Lead level $\geq 20$ ug/dl <input type="checkbox"/> Chronic otitis media <input type="checkbox"/> Very low birth weight ( $\downarrow 1500$ grams) <input type="checkbox"/> Small for gestational age <input type="checkbox"/> Other _____  <input type="radio"/> Diagnosed medical condition _____ _____	<input type="radio"/> Single parent household <input type="radio"/> Inadequate health care/ no insurance <input type="radio"/> Family income up to 185% poverty level <input type="radio"/> Unstable residence/dangerous living conditions <input type="radio"/> Single parent with $\geq 4$ preschool age children <input type="radio"/> Domestic violence <input type="radio"/> Atypical/recurring accidents involving child	<input type="radio"/> Severe chronic illness <input type="radio"/> Severe prenatal complications <input type="radio"/> Limited prenatal care <input type="radio"/> Prenatal substance abuse <input type="radio"/> MR/DD <input type="radio"/> Drug/alcohol dependence <input type="radio"/> Chronic/acute mental illness <input type="radio"/> Parent child separation <input type="radio"/> Physical/social isolation <input type="radio"/> Inadequate parenting skills <input type="radio"/> Parent under 20 years old

**If the child is three years old or older**, please refer to local school district for evaluation of developmental/behavioral concerns or to FIRST CALL FOR HELP (216-436-2000) for environmental/parenting concerns.

## Referral

Source-Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**Help Me Grow** is the central intake and referral site in Cuyahoga County for Help Me Grow Services: Welcome Home (newborn home visits), Early Start (on-going home visits) and Early Intervention (specialized services). Visit our web site at [www.helpmegrow.org](http://www.helpmegrow.org).