



Referral Form

Help Me Grow Utah is an information and referral network connecting interested parents and providers to community resources and information about pregnancy and child development at **no cost**. By completing this form, you are signing up to receive:

- A Parent Support Specialist, who will provide information and resources on child development, pregnancy, and family support where you live.
- Access to a developmental screening tool called the Ages and Stages Questionnaire (ASQ) for each of your children (5 and under) which will help you recognize developmental milestones.

Provider's Information	Name of Organization or Clinic: _____
	Contact Person: _____
	Street: _____ City: _____ Zip Code: _____
	Phone: _____ Fax: _____ Email: _____
This family is receiving services from our office: <input type="checkbox"/> Yes <input type="checkbox"/> No	

_____ By initialing here I give permission for the provider listed above and Help Me Grow Utah to have ongoing communication, sharing screening results and information about the services provided to my family.

Family's Information	Parent or Guardian Name(s): _____
	Street: _____ City: _____ Zip Code: _____
	Phone: _____ Email: _____
	Best time to contact: <input type="checkbox"/> Between ____ & ____ <input type="checkbox"/> After 5pm <input type="checkbox"/> Anytime Best form of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text
	Please contact me in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
	<input type="checkbox"/> I am currently pregnant Due Date: _____
	Child Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: _____ Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of weeks early: _____
Concerns: _____	
I would like a developmental screening for my child via: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Mail	
<input type="checkbox"/> Ask me about my other children when you contact me.	

By signing below I, the parent/legal guardian, authorize the release and use of the information on this form.

Signature of the parent/legal guardian

Date

**Please fax this form to 801-374-2591. Questions? Call Help Me Grow at 801-691-5322.
helpmegrowutah.org | helpmegrow@unitedwayuc.org**