



Help Me Grow Referral Form

FAX to: **860-571-6853**
or call the Child Development Infoline at
1-800-505-7000



Referring Provider: _____ Date _____
Agency Name: _____
Address: _____ Phone: _____
_____ Fax: _____
Email: _____

NOTE: If you are not the parent or guardian you may make a referral anytime, but please speak with the family first. We will contact them for their permission to proceed with your referral, and they may accept or decline.

Child's name: _____ M / F
 DOB: _____ Full term at birth? Yes / No - If No, gestation: _____
 Child resides with: parent/ legal guardian/ foster family Name: _____
 Home phone: _____ Cell ph: _____ Work ph: _____
 Email: _____
 Address: _____
 Best time to call: (optional) _____ morning /afternoon /evening Day of the week: _____
 If family has no phone, contact person: _____
 Relationship: _____ Phone #: _____ Best time to call: _____ AM / PM
 Primary language spoken in home: _____
 If not English, is there an adult available to speak English? yes / no / unknown
 Name: _____ Relationship: _____
 If child is in DCF custody, name & phone of DCF case worker: _____

Reason for Referral: (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Medical assistance grants |
| <input type="checkbox"/> Ages & Stages Child Monitoring Program | <input type="checkbox"/> Parenting supports |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Play groups |
| <input type="checkbox"/> Developmental concerns | <input type="checkbox"/> Recreational activities/camps |
| <input type="checkbox"/> Educational concerns | <input type="checkbox"/> Respite |
| <input type="checkbox"/> General development | <input type="checkbox"/> Weight management supports |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Home Visiting | |

Diagnosed condition: _____

Helpful Notes: _____

Primary Health Provider: _____

Child's Health Plan Name: _____

Insurance Type: Commercial Medicaid

Thank You!