

HELP ME GROW REFERRAL FORM



Help Me Grow Utah (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.

Providers Information	Name of Provider (e.g. Wasatch Pediatrics): <u>Davis Early Intervention</u>
	Contact Person: <u>Mandy Zeschke</u>
	Street: <u>115 South 200 East PO BOX 588</u> City: <u>Farmington</u> Zip Code: <u>84025</u>
	Phone: <u>801 402-5403</u> Fax: <u>801 402-5401</u> Email: <u>mzeschke@dmail.net</u>
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 Please contact me in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
	Child Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: _____ Premature? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, # of weeks early: _____
Concerns: _____	
<input type="checkbox"/> Ask me about my other children when you contact me.	

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 with the developmental and resource information provided to my family, so the provider can give us further support.

By initialing here, I choose to not let Help Me Grow maintain contact with the provider listed above. _____

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