



[\(http://helpmegrowmn.org/\)](http://helpmegrowmn.org/)

Refer a Child: Professional Form

If you are not the parent or guardian, you may make a referral without parent consent for children birth to kindergarten. We encourage you to speak with the family about this referral. The local infant and toddler intervention or preschool special education program will contact the family for their permission to proceed with the referral. Parents may accept or decline.

Starred (*) fields are required. You can also call [1-866-693-4769 \(tel:1-866-693-4769\)](tel:1-866-693-4769) to refer a child.

I have the consent from the parent/guardian to release information beyond the child's name, address and birth date. (Choosing 'No' will still allow you to make the referral)

Yes No

Child Information

Each child must be referred individually. You will be given the option to 'Refer another Child' when you complete this referral.

Child's First Name *

First name

Child's Last Name *

Last name

Child's Middle Initial

Middle Initial

Gender *

Male Female

Date of Birth

Your Information

Your First Name *

First Name

Your Last Name *

Last Name

Title

Title

Agency

Agency

Address 1 *

Address 1

Address 2

Child's Age *

Parent is Aware Of This Help Me Grow Referral? *

Yes No

Child Resides With *

Parent(s)
 Other Family (Grandparent)
 Foster Parents
 Other

Interpreter Needed

Yes No

Language

If Other

Child Resides With

Contact 1

First Name *

Last Name *

Contact Phone *

City *

State *

ZIP Code *

Phone * ###-###-#### Ext ###

Fax

Email

I am the child's primary doctor

Yes No

Please Indicate what information you would like to receive *

- The results of the screening and/or evaluation
- A copy of the individual Family Service Plan (IFSP) or individualized Education Program (IEP) if the child is determined eligible for services
- If the parent declines the screening and/or evaluation
- All the above

Additional Phone

###-###-####

No Phone Available

Send this Referral

Contact 2 (optional)

First Name

First Name

Last Name

Last Name

Contact 2 Phone

###-###-####

Additional Phone

###-###-####

No Phone Available

Street Address 1 *

Street Address 1

Street Address 2

City *

City

State *

▼

ZIP Code *

#####

County

▼

**If the Family/Caregiver has no phone,
please provide an alternative contact**

First Name

First Name

Last Name

Last Name

Relationship

Relationship

Phone

###-###-####

**Where did you hear about Help Me
Grow?**

Choose all that apply

- Health Care Provider
- Early Childhood Program/Class or Head Start
- Early Childhood Screening
- Friend or Family Member
- Online (website, iTunes, Facebook, YouTube)
- Brochure or other Printed Material
- Billboard or Bus Sign
- Social Media (Facebook, Twitter)
- Print Media
- Electronic (Video, Podcast)
- Other



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