



Parent/Guardian Referral Form

*Required Field

Parent or Guardian Information:

*First Name: _____ *Last Name: _____

*Street: _____ *City: _____ *State: _____ *Zip: _____

*Home Phone: _____ *Cell Phone: _____

Work Phone: _____ Email: _____

*Do you consent to allow HMG Nebraska to share information? Yes No

Best time to contact: Anytime Morning Afternoon After 5:00pm

Best form of contact: Phone Email Text

Phone: Is it okay to leave a voicemail? Yes No

Text: Is it okay to send a text? Yes No

Email: Is it okay to send an email? Yes No

Preferred Language: English Spanish Other: _____

Accessibility or Accommodation Needs (e.g. hearing impaired): _____

Are you currently pregnant? Yes No If yes, Due Date (MM/DD/YYYY): _____

Child's Information (Each Child must be referred individually):

*First Name: _____ Middle Initial: _____ *Last Name: _____

*What sex was your child assigned at birth (e.g. on your birth certificate)?

Female Male Intersex Prefer Not to Answer

*Date of Birth (MM/DD/YYYY): _____

Does the child have a disability? Yes No

If yes, please describe: _____

***What are the concerns or reasons for referral? Check all that apply.**

Basic Needs Behavioral Concerns Child Development Concerns

Educational Concerns Known Disabilities Speech/Communication

Other: _____

Additional Notes: _____

Have developmental screening tools been completed? Yes No

Please list tools completed screening tools if known: _____

Name of child's health plan: _____

Type of insurance the child has: Private/Commercial Medicaid Both Unknown

NOTE: Insurance is not required to receive Help Me Grow Services

Primary Care Physician (PCP) Information:

PCP: First Name: _____ Last Name: _____

Name of Organization or Clinic: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

***How did you hear about Help Me Grow? Choose all that apply.**

Community Agency Community Event Hospital Social Media

Flyer Family/Friend Healthcare Provider Internet

Other: _____

You may submit this form to HMGNE@UWMidlands.org, fax it to 402-522-7985 or call Help Me Grow at 2-1-1 or 402-444-6666 and select Option 7.