

Help Me Grow Home Visiting

Referral Form

*Child First Name (please print)	*Child Last Name
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Has the child/parent been in Help Me Grow previously? Yes No

Is the child involved with Early Head Start/Head Start? Yes No

* Date of Birth or Expected Due Date: _____

Gender Female Male

CHILD RESIDES WITH Father Mother Other _____

*First Name (please print)	*Last Name
*Address	*Phone
*City/State/Zip	Cell
Email	Work Phone

Please circle one: Scioto County or Lawrence County

BEST TIME TO VISIT _____ Primary Language Spoken _____

***Early Intervention** - Are there developmental concerns about the child? Yes No

***Home Visiting**

Is the parent interested in Home Visiting services? Yes No

Is the mother currently pregnant? Yes No

Is the child's parent, a first time parent? Yes No

Ages of Kids _____

Is the family eligible for Medicaid? Provider _____ Yes No

Is the family eligible for WIC? Yes No

Is the family eligible for OWF (Cash Assistance)? Yes No

Is one of the parents in the military? Yes No

Does the child have a sibling in the HMG Home Visiting program? Yes No