Early Childhood Home Visiting | Ohio Department of Health

Help Me Grow Home Visiting
Agency and Referrer Information

Instructions: Complete upon referral. *Mandatory Field **Requires at least one valid contact method		
*HV Agency being referred to:		*Program: ☐ HMGHV ☐ MIECHV ☐ Medicaid
*Referring Agency (if different):		*Model: ☐ MBF ☐ NFP ☐ NFP Expanded Eligibility ☐ HFA ☐ HFA – Child Welfare Protocols ☐ PAT
*Referrer Name:		*Referrer Role:
*Phone:	FAX:	*Email:
Date of Referral:		Caregiver was informed of all service options and providers: ☐ Yes ☐ No

Caregiver Contact Information		
*Primary caregiver name:		
**Primary phone number:		Best contact time: ☐ Morning ☐ Afternoon ☐ Evening
**Street Address:		
**City	**Zip Code:	*County:
**Email:		
*Preferred contact method: ☐ Call ☐ Text ☐ Email ☐ Mail		
Additional caregiver name:		
Additional caregiver phone:		Relationship to primary caregiver:

Primary Caregiver Demographics	
*Primary caregiver date of birth	*Relationship to child(ren):
*Primary caregiver ethnicity:	*Primary caregiver race:
*Primary language spoken in home:	*Interpreter needed? ☐ Yes ☐ No
*Primary caregiver marital status:	*Primary caregiver housing status:
*Is primary caregiver pregnant? ☐ Yes ☐ No (if No, skip Prenatal section below) Due Date:	*Is this your first child? ☐ Yes ☐ No (if Yes, skip Child Demographics section below)
*Total household children (excluding pregnancy):	*Total household size (including pregnancy):

Child Demographics		
*Child name:	*Child date of birth:	*Child sex:
*Concerns about the child's development: ☐ Yes ☐ No	*Diagnosed medical condition: ☐ Yes ☐ No	
Prenatal		
*Receiving prenatal care? ☐ Yes ☐ No	*Does caregiver have a regular provider for prenatal care? ☐ Yes ☐ No	
*Barriers to attending prenatal care appointments? ☐ Yes ☐ No	* Previous Low Birth Weight baby (less than 5.5 lbs. or 2500 g)? ☐ Yes ☐ No ☐ N/A first child	
*Previous preterm birth (less than 37 weeks)? ☐ Yes ☐ No ☐ N/A first child		
Current Support Services		
*Currently health insured? ☐ Yes ☐ No	*Medical home or primary care physician? ☐ Yes ☐ No	
*Primary caregiver insurance type: ☐ Buckeye Health Plan ☐ CareSource ☐ Molina Healthcare ☐ Paramount Advantage ☐ United Healthcare Community Health Plan ☐ Tricare ☐ Ohio Medicaid ☐ Private		
*Medicaid ID # (please indicate N/A if no Medicaid ID#)		
*Primary caregiver currently **receives**: ☐ WIC ☐ Cash Assistance (TANF) ☐ SSI/SSDI ☐ Food stamps (SNAP) ☐ Emergency food assistance ☐ None ☐ Other (please describe)		
*WIC ID # (please indicate N/A if no WIC ID#)		
*Primary caregiver **eligible**, but **not receiving**: ☐ WIC ☐ Cash Assistance (TANF) ☐ SSI/SSDI ☐ Food stamps (SNAP) ☐ Cash Assistance (TANF) ☐ Emergency food assistance ☐ None ☐ Other (please describe)		
*Annual Family Income:	*Anyone in the home serving or served in the military? ☐ Yes ☐ No	
*If no Medicaid or WIC, provide 2 pay stubs or indicate currently unemployed: ☐ Currently unemployed Date: Amount: Date: Amount: Frequency of pay: ☐ Weekly ☐ Bi-Weekly ☐ Monthly Employer Name:		
*Child(ren) currently health insured? ☐ Yes ☐ No		
*Child(ren) insurance type: ☐ Buckeye Health Plan ☐ CareSource ☐ Molina Healthcare ☐ Paramount Advantage ☐ United Healthcare Community Health Plan ☐ Tricare ☐ Ohio Medicaid ☐ Private		
*How did the family hear about Help Me Grow? ☐ Advertisement ☐ Child Care ☐ Caregiver ☐ Community Event ☐ Educator ☐ Family Member ☐ Friend ☐ Local Service Agency ☐ Physician/Medical Professional ☐ Home Visiting Website ☐ HMG Ohio Early Intervention ☐ Other website ☐ Not Sure ☐ Prefer not to answer ☐ Other		
Priority Populations Characteristics		
*Pregnant woman under age 21: ☐ Yes ☐ No ☐ Did not report		
*Family with a history of child abuse or neglect or who have had interactions with child welfare services: ☐ Yes ☐ No ☐ Did not report		
*Family with a history of substance abuse or demonstrates a need for substance abuse treatment: ☐ Yes ☐ No ☐ Did not report		
*Family with a child who has a diagnosed developmental delay: ☐ Yes ☐ No ☐ Did not report		
*Family with users of tobacco products in the home: ☐ Yes ☐ No ☐ Did not report		
*Family member or child with low student achievement (based on members own perception): ☐ Yes ☐ No ☐ Did not report		
*Active or previous military family: ☐ Yes ☐ No ☐ Did not report		