Help Me Grow – Long Island Universal Provider Referral Form

For Families with Children Aged Prenatal-5 Living in Nassau or Suffolk Counties

HELP ME GROW LONG ISLAND THE EARLY YEARS MATTER

*Has family agreed to this referral, sharing information, and contact from HMG-LI via SMS and phone? ☐ Yes ☐ No

*Parent Signature/Verbal Consent_____

Referring Provider Information (Person Who Should Be Receiving Follow-Up Correspondence)			
Referral Date	**Referral Site Name:**	**Referring Provider Name:**	**Title:**

Address:	**Unit:**	**City:**	**Zip Code:**

Best Provider Phone # :	**Fax Number*:**	**Provider Email:**

Indicate if the family has completed any of the following screens:

Developmental screen: ☐Yes ☐No If yes: Screen & Score:

Social emotional screen: ☐Yes ☐No If yes: Screen & Score:

Autism screen: ☐Yes ☐No If yes: Screen & Score:

Maternal depression screen: ☐Yes ☐No If yes: Screen & Score:

Did you already submit a referral to (Check all that apply):

☐ Early Intervention (Date Submitted:) ☐ Mental Health Services (Date Submitted:)

☐ Pre-school Special education (Date Submitted:) ☐ Other: (Date Submitted:)

Child's Information (Aged 0-5)- put n/a if prenatal			
Child's Last Name	**Child's First Name**	**DOB (5 or under)**	**Gender** ☐ F ☐ M
Address	**Unit:**	**City:**	**Zip Code:**

Caregiver's Information	*By providing cell, family is consenting to HMGLI follow up via phone and SMS text messages.*		
Caregiver Last Name	**Caregiver First Name**	**Relationship to Child**	**Language(s) Spoken**

Best Caregiver Phone _____

Other Phone (Check 1) ☐Home ☐Work ☐Cell _____

Email:

Primary Insurance: ☐**Medicaid** ☐**Private**

Best time to contact ☐Morning (9AM-12PM) ☐Afternoon (12PM-5PM) ☐Evening (5PM-7PM)

Reason for Referral (Check Off All that Apply)

☐ Basic needs	☐ Developmental concern	☐ Mental health (☐parent ☐child)
☐ Behavior/social interactions	☐ Developmental screening	☐ Service/referral Navigation
☐ Cognitive/learning difficulty	☐ Fine motor/Gross motor	☐ Other _____
☐ Child care/early child education	☐ General HMG information	
☐ Communication	☐ Parent support	

Brief Case Summary:

**HMG-LI will confirm when the fax was received; please contact us if you have not heard within 2 business days. HMG-LI will contact you once referrals were made and continually until the case is considered closed. Please call or email for updates prior to then as needed.*

Phone: 516-548-8924 * Fax: 516-217-1351* Email: info@hmgli.org