

Referral Form

Help Me Grow Alaska is an information and referral network connecting families to community resources and information at no cost. After completing this form, Help Me Grow Alaska staff will contact parents to provide information and local resources on child development, pregnancy, and family support, as well as developmental, behavioral, and emotional screening tools.

Provider's Information	<p>Name of Organization or Clinic: _____</p> <p>Contact Person: _____</p> <p>Street: _____ City: _____ Zip Code: _____</p> <p>Phone: _____ Fax: _____ Email: _____</p> <p>This family is receiving services from our office: <input type="radio"/> Yes <input type="radio"/> No</p>
<p>By initialing here I give permission for the provider listed above and Help Me Grow Alaska to have ongoing communication, sharing screening results and information about the services provided to my family.</p>	
Family's Information	<p>Parent or Guardian Name(s): _____</p> <p>Street: _____ City: _____ Zip Code: _____</p> <p>Phone: _____ Email: _____</p> <p>Best time to contact: _____ Best form of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email</p> <p>Please contact me in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> I am currently pregnant Due Date: _____</p> <p>Child Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of weeks early _____</p> <p>Concerns: _____</p> <p>I would like a developmental screening for my child via: <input type="checkbox"/> Email <input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Ask me about my other children when you contact me.</p>

By signing below I, the parent/legal guardian, authorize the release and use of the information on this form.

Signature of the parent/legal guardian

Date

When using Help Me Grow Alaska (HMG-AK), basic information is collected about your family and the services provided. With your permission, HMG-AK communicates with your family's physician(s) and other providers. HMG-AK also teams with other entities to share data that gives an overall view of how Alaska's children are doing. With some places, your personal information will be shared only during data transfer. In all cases it will be removed before use in research, community coordination or to inform future decision making. By using HMG-AK services, you are consenting to the sharing of your information unless you ask otherwise. For more details, visit: helpmegrowak.org or talk to a HMG-AK Care Coordinator.

Please fax this form to 907-917-5406. Questions? Call Help Me Grow at 1-833-464-2527

1-833-HMG-ALASKA | helpmegrowak.org | contact@helpmegrowak.org