

# Referral and Consent Form (page 1)

## What is Help Me Grow?

Help Me Grow Yuba County is a no-cost program that coordinates services and support to enhance the optimal growth and development of children ages five and under. The program is provided to Yuba County residents from a partnership between First 5 Yuba and Yuba County Public Health.

## What can Help Me Grow do for me and my child?

Help Me Grow Yuba County can answer questions and assist you to access valuable community resources that help your child’s growth and development. The Help Me Grow Care Coordinators (specially trained public health nurses) work with you to identify your child’s needs and refer you to local agencies that fit best for your family. Services are tailored to each family and may include enrollment into a developmental screening program, coordination of community agency referrals, family navigation and more.

## How do I sign up for Help Me Grow?

You can fill out the other side of this form and it will be sent over to a Help Me Grow Care Coordinator. The Care Coordinator will then call you to set up services.

## What agencies will be providing services for my family?

The Help Me Grow Yuba County Care Coordinators will assist you with connection to a diverse array of agencies. Potential services and agency referrals will be discussed with you before any referral is made. Before a Care Coordinator can share your child’s information with any agency, you must sign a consent form online or on the other side of this page. In the box below is a list of all the agencies that your child’s information can be shared with after you sign the consent form. You are under no obligation to sign the consent form and you may limit the information to be shared with First 5 Yuba and Yuba County Public Health. If you decline to sign a consent form, the Care Coordinator will provide you with the agency’s information for you to connect with them on your own.

### Affiliated Community Agencies

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| ◆ Yuba County Office of Education | ◆ Children’s Home Society    | ◆ E Center Head Start       |
| ◆ Alta CA Regional Center         | ◆ Ampla Health               | ◆ Harmony Health            |
| ◆ Sutter-Yuba Behavioral Health   | ◆ Peach Tree Health          | ◆ Easter Seals              |
| ◆ Family SOUP                     | ◆ Yuba County Public Health  | ◆ First 5 Yuba County       |
| ◆ Sutter Infant Program           | ◆ Sutter North Brownsville   | ◆ Yuba County Public Health |
| ◆ Marysville Pediatric Clinic     | ◆ Childcare Planning Council |                             |

## Referral and Consent Form (page 2)

### Referring Provider

Name:		Agency:	
Date of Referral:	Phone:	Fax:	
I would like to be notified of Help Me Grow care coordination activities completed for client below (consent at bottom of page must be signed by parent/ caregiver):      Yes      No			

### Client Information

Child's Name:		Child's DOB:	Child's gender:
Parent/ Legal Guardian Name:		Parent/ Legal Guardian Relationship to Child: Mother      Father      Other:	
Primary Phone:	Alternate Phone:	Email:	
Address:		City:	Zip:
Primary Language Spoken at Home: English      Spanish      Hmong      Other:		Child's Medical Insurance (If known):	
Reason(s) For Concern:			

*By signing this page, I consent to this referral to Help Me Grow Yuba County and authorize the following information about my child to be shared with First 5 Yuba and Yuba County Public Health (check all that apply):*

All Medical Information     
  ASQ-3/ ASQ:SE Screening Results     
  Psychological Testing Results

Only the Following Information May Be Shared: \_\_\_\_\_

*I authorize Help Me Grow Yuba County to release the information specified above to the affiliated community agencies, listed on page 1, for the purpose of care coordination:      Yes      No*

**Signature of Parent/ Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Developmental Screening Information

**Dear Parent/ Guardian:**

We know that your child’s optimal growth and development is important to you. That is why our clinic is partnering with Help Me Grow Yuba County to provide free developmental screenings for your child, up to the age of 5. The developmental screening questionnaire, Ages and Stages, can help your doctor identify areas where your child is doing well and areas where you and your child may need assistance and support. The screenings can be done at home on any device with internet access or on paper when you come in for your child’s next well-child visit. Your doctor’s office will let you know when it is time to complete another questionnaire. If you or your doctor has concerns about your child’s behavior, a behavioral screening may also be completed.

In order to sign up for a developmental screening , please indicate your consent for your child’s information to be released to the ASQ Online system. Enrolling in the online system helps your child’s doctor more easily track your child’s development or behavior over time. If you decline to consent to enroll in the program, your doctor’s office can still offer you the choice of using the paper Ages and Stages Questionnaire. Please note that the ASQ Online system is administered by Help Me Grow Yuba County and any information entered into the system may be viewed by Help Me Grow Yuba County staff at First 5 Yuba County and Yuba County Public Health. Your child’s information will never be shared with an outside organization without written consent from you.

---

**Initial all that apply:**

\_\_\_\_\_ I consent for my child’s information to be entered into the ASQ Online System.

\_\_\_\_\_ I consent to receiving developmental screenings via email from my doctor’s office at the following email address: \_\_\_\_\_

\_\_\_\_\_ I do not consent for my child’ information to be entered into an online system; I request paper screenings.

**Child’s Name:** \_\_\_\_\_ **Child’s Date of Birth:** \_\_\_\_\_

**Signature of Parent/ Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This agreement will be revoked after 1 calendar year, unless otherwise requested in writing.**