



# REFERRAL TO OHIO'S HELP ME GROW PROGRAM FROM PCSA

This form must be used to make a referral from any Public Children's Services Agency in the state of Ohio to Ohio's Help Me Grow Programs for children under age three.

<b>Referring Agency Information</b>
PCSA: _____
PCSA Address: _____
PCSA Caseworker Name: _____
PCSA Caseworker's Phone: _____ PCSA Caseworker's Email: _____
PCSA Supervisor's Name: _____ PCSA Supervisor's Phone: _____
PCSA Supervisor's Email: _____
Date of Referral: _____ Referrer's Signature/Initials: _____

<b>Child Referring into Ohio's Help Me Grow Program</b>
Child's name: _____
Child's date of birth: _____ Child's Sex (indicate one): Male Female
Child's current living arrangements (Circle one): Biological Parent(s) Foster Parent Family/Kinship
Adult's name currently with child: _____
Phone number where child is currently living: _____
Address where child is currently living: _____
Biological Parent Name: _____ Biological Parent Date of Birth: _____
Biological Parent Address: _____
Biological Parent Phone: _____ Primary Language Spoken: _____

<b>Reason for Referral (Must select at least one for referral to be accepted):</b>
<input type="checkbox"/> Child is a victim of substantiated abuse or neglect. Refer to Early Intervention first. If yes, is this child in protective custody? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Child was born affected by illegal substance abuse or has been diagnosed with drug withdrawal symptoms by a physician resulting from prenatal drug exposure. Please see attached Physician or Hospital Report. Refer to Early Intervention and Home Visiting.
<input type="checkbox"/> Child is in a family with an Alternative Response Family Service Plan where Services are Required. Refer to Early Intervention and Home Visiting.
<input type="checkbox"/> Child is in a family with an Alternative Response Family Service Plan where Services are Recommended. Refer to Home Visiting.

<b>Other information which will make connecting easier:</b>
<input type="checkbox"/> Yes, there are other children in this child's home under the age of three.
<input type="checkbox"/> Yes, the child is homeless. Contact here: _____
<input type="checkbox"/> Yes, this child's biological parent(s) is incarcerated. Contact here: _____
<input type="checkbox"/> Yes, child's biological parent(s) rights have been permanently terminated.
<input type="checkbox"/> Yes, this child has a plan in place/planned to be re-unified with his/her parent.
<input type="checkbox"/> Yes, this is currently an open case.
<input type="checkbox"/> Any other information which would be helpful?

HEA#8021 (new 8/12)

Use of this form is required and must be kept in child record.

Additional pages may be stapled with the required HEA number referenced in the upper right corner.