



Help Me Grow Program Referral Follow-Up

Thank you for contacting the Help Me Grow program and referring:

Name of Referred Child: _____

Date of Birth: _____

Today's Date: _____

ATTN (Name of person who referred the child): _____

Contact Information: _____

You contacted HMG on: _____ We received the Program Referral on: _____

Our initial Contact with Family was on: _____

The outcome of the referral you made to Ohio Help Me Grow is:

Eligible for Help Me Grow Early Intervention

Eligible for Help Me Grow Home Visiting

Not Eligible for Help Me Grow Early Intervention

Not Eligible for Help Me Grow Home Visiting

Eligibility for Early Intervention not yet determined

Eligibility for Home Visiting not yet determined

The family was contacted and they declined services

We have been unable to reach the family

Comments:

Thank you for your referral into Ohio Help Me Grow.
Please contact the Help Me Grow staff person listed with any questions.

Ohio Help Me Grow Staff Person: _____ Phone: _____

Ohio Help Me Grow Agency Name: _____ Email: _____

HEA#8037 (rev 7/12)

Use of this form is required and it must be kept in child record.
Additional pages may be stapled with the required HEA number referenced in the upper right corner.