



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Dear Colleague:

As a physician caring for Ohio's most treasured resource, our children, you play a valuable and often essential role in identifying infants and toddlers with or at risk for developmental disabilities and making sure they are linked with appropriate services. You also work with Ohio's expectant and first-time moms and can help connect eligible families to home visiting services. Recognizing the importance of your position, I am writing to ensure that you are fully aware of the benefits provided by the Help Me Grow programs.

Help Me Grow Early Intervention is the state's program for infants and toddlers with developmental delays and disabilities and their families. It offers an array of evaluation, therapeutic, and supportive services that can enrich the developmental potential of each child and family. Infants and toddlers who are referred to HMG Early Intervention will be evaluated by a team who will work together to understand the families' goals and create a plan that will include services and rights as afforded under the Individuals with Disabilities Education Act.

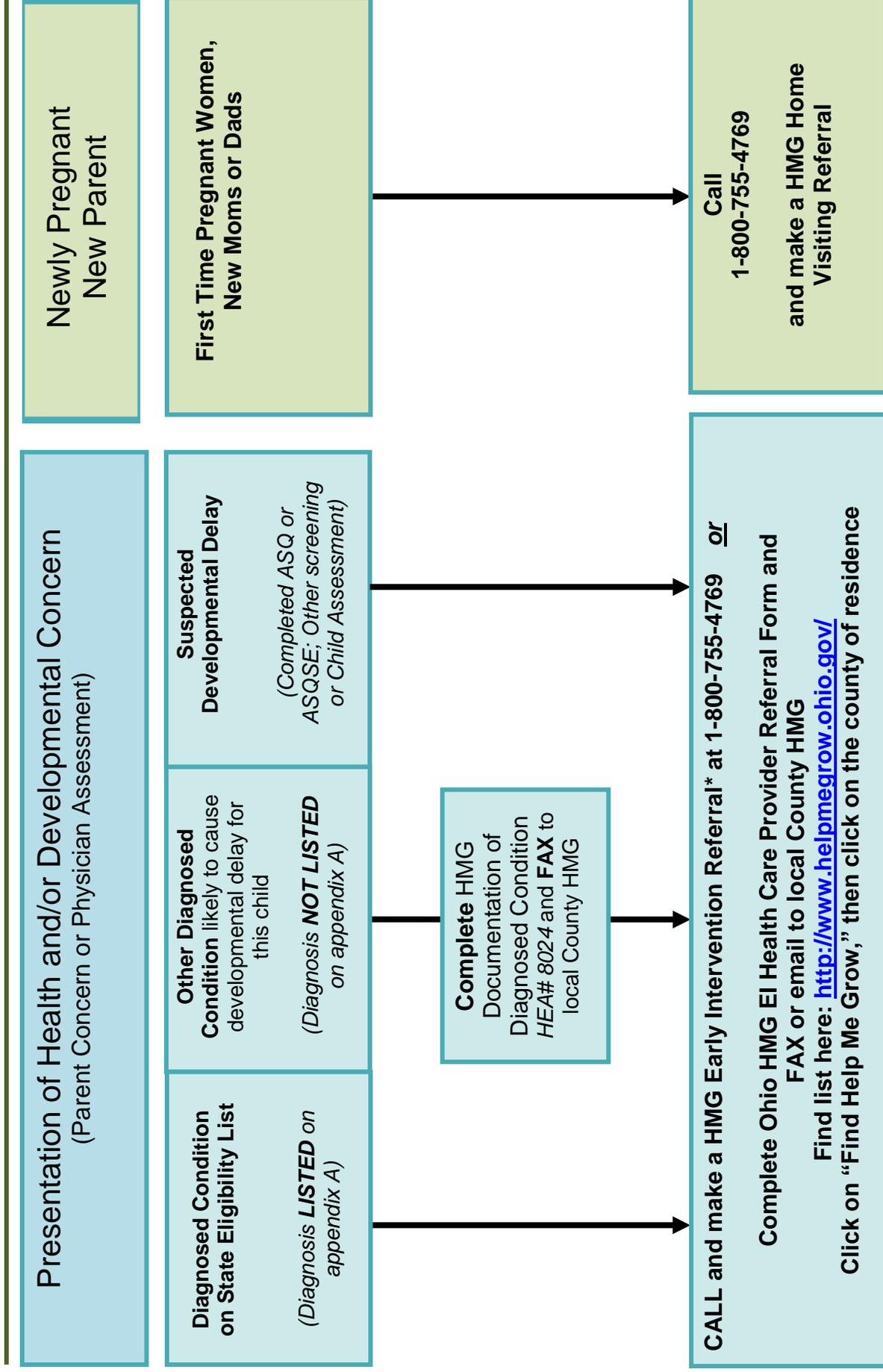
Help Me Grow Home Visiting is the state's parenting education program for expectant, first-time and other parents at highest risk for poor childhood outcomes. HMG Home Visiting offers new and expectant parents education about pregnancy and child development, parenting for infants & toddlers, and resource linkage to meet family needs.

I have enclosed some brief materials explaining the programs, their benefits, and how you can connect the families you see to one or both of these Help Me Grow programs. If you have any questions or would like to request further information, you are encouraged to contact program staff at the Ohio Department of Health, by calling (614) 644-8389 or emailing hmg@odh.ohio.gov. We also recently revised our website at www.helpmegrow.ohio.gov and encourage you to both browse and provide us with feedback.

Kind regards,

Jessica Foster, MD, MPH, FAAP
Physician Administrator, Bureau for Children with Developmental & Special Health Needs
Medical Director, Children and Youth with Special Health Care Needs
Ohio Department of Health

Ohio Help Me Grow Physician Referral Process



Any child can be referred simultaneously to both HMG EI and HMG HV with one call.

*Referral form is not required to make a referral, the completion of the Referral form just expedites information sharing and eligibility.

Ohio Help Me Grow Early Intervention Health Care Provider Referral Form

REFERRAL DATE: _____

CHILD CONTACT INFORMATION

Child's Name: _____

Date of Birth: _____

Child's Address: _____

Sex: M F

City: _____

Zip Code: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Best Phone: _____

Primary Language: _____

Other Contact information: _____

REASONS FOR REFERRAL Reason(s) for referral to early intervention (Please check all that apply):

Diagnosed condition eligible Specify Diagnosis: _____

Diagnosed condition non-eligible COMPLETE & ATTACH FORM HEA 8024

Suspected developmental delay ATTACH completed ASQ, ASQ SE, or comparable screening or child assessment results

Motor /Physical

Social/Emotional

Communication

Cognitive

Behavior/Adaptive

Other

RELEASE OF INFORMATION CONSENT

I, _____ (Parent's printed name), give my permission for my child's health care provider, _____ (Provider's printed name), to share any and all pertinent information regarding my child, _____ (Child's printed name) and to receive updates from, Help Me Grow, should we decide to enroll.

Parent/Legal Guardian Signature: _____

Date: ____/____/____

FEEDBACK REQUESTED BY THE REFERRAL SOURCE

- Developmental Evaluation Results
- Services Being Provided to Child/Family
- Child Progress Report/Summary
- Other (Please describe): _____

REFERRAL SOURCE CONTACT INFORMATION

Please insert your preferred method of feedback and contact information below

Fax to your local County HMG to make a referral. Find your county's HMG fax number at:

<http://www.helpmegrow.ohio.gov/aboutus/Finding%20Help%20Me%20Grow/Find%20Help%20Me%20Grow.aspx>

List of diagnosed physical or mental conditions which have a high probability of resulting in developmental delay (Diagnosed Conditions Eligible)—pages 2 & 3

Newborn Conditions: Conditions diagnosed at birth or within 30 days post birth

Very Low Birth Weight (VLBW; less than 1,500 grams) with one or more conditions:

1. Intraventricular hemorrhage (Grade III or IV),
2. Chronic lung disease (bronchopulmonary dysplasia, BPD), or
3. Severe retinopathy of prematurity

Diagnosed Conditions: Conditions diagnosed in Neonates, Infants, or Toddlers

I. Chromosomal conditions:

- a. Cri-du-Chat Syndrome
- b. Down Syndrome
- c. Fragile X Syndrome
- d. Klinefelter's Syndrome
- e. Prader Willi
- f. Triple X Syndrome
- g. Trisomy 18 Syndrome (Edward's)
- h. Trisomy 13 Syndrome (Patau's)
- i. Turner's Syndrome
- j. Williams Syndrome

II. Inborn Errors of Metabolism:

- a. Galactosemia
- b. Glycogen storage disease
- c. Hurler disease
- d. Methylmalonic acidemia
- e. PKU
- f. Infants of untreated mother with PKU
- g. Tay Sachs

III. Neurological conditions:

- a. Blindness, including visual impairments
- b. Cerebral palsy
- c. Deafness, including hearing impairments
- d. Epilepsy/ Seizure disorder
- e. Hydrocephalus
- f. Hypoxic Ischemic Encephalopathy (HIE), severe
- g. Intraventricular hemorrhage, Grade IV
- h. Microcephaly
- i. Muscular dystrophy
- j. Spina bifida
- k. Spinal muscular atrophy
- l. Traumatic brain injury

continued next page

IV. Other:

- a. Acquired Immune Deficiency Syndrome (AIDS)
- b. Attachment Disorder
- c. Autism Spectrum Disorders
- d. Cranio-facial anomalies
- e. Cyanotic congenital heart disease
- f. Fetal Alcohol Syndrome
- g. Infection, fetal/neonatal (Herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
- h. Pierre Robin
- i. Post-Traumatic Stress Disorder



Ohio's Help Me Grow Early Intervention Program Documentation of Diagnosed Condition

Help Me Grow Early Intervention is Ohio's early intervention program for infants and toddlers, birth to age 3, who have significant developmental delays or diagnosed conditions associated with developmental disabilities. When a child is referred to Ohio's Help Me Grow Early Intervention Program with a physical or mental condition that is likely to cause developmental, documentation of the condition and its potential impact in one or more of the five developmental areas must be provided before the child is eligible. The information provided on this form will enable Ohio Help Me Grow to assess this child's need for early intervention services when a non-eligible diagnosis is present. When complete, fax or email this form to local HMG Early Intervention provider.

This form must be signed by a professional licensed to diagnose and treat mental or physical conditions.	
Child's Name: _____ Date of Birth: ___/___/_____	
Parent Name (s): _____	Contact Information: _____
Child's Diagnosis/Condition: _____	
In your opinion, what is/are the potential impact(s) of this child's condition in the following area(s) of development?	
Adaptive Development:	
Cognitive Development:	
Communication Development:	
Physical Development, including vision and hearing:	
Social or Emotional Development:	
In my opinion, this condition as it presents with this child is likely to result in a developmental delay.	
Professional's Name: _____	Specialty: _____
Professional's Signature: _____	Date: ___/___/___
Professional's Contact Information:	
Phone: _____ - _____ - _____	E-mail: _____
Fax Number: _____ - _____ - _____	

HEA#8024 (rev 10/14)

Use of this form is required and it must be kept in the child's record.

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