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# Lorain County Help Me Grow

Central Coordination Office: 40 East Avenue, Elyria OH 44035
TOTS LINE: 1-800-729-TOTS (8687) *or* (440) 284-4443 **FAX (440) 284-4628**
EMAIL ***helpmegrow@loraincounty.us***

Name of Parent/Guardian: _____ DOB: ___ /___ /___
Last First MI
Address of Parent: _____City: _____ Zip: _____
Phone Number: Cell ( ) _____-_____ Home ( ) _____-_____ Other: _____
Email Address: _____@_____
Primary Language (if not English): _____

Child's Name: _____DOB: ____ /____ /____ Sex: ○ F ○ M
Last First MI
Child's Name: _____DOB: ____ /____ /_____ Sex: ○ F ○ M
Last First MI
Unborn Child Due Date: ____ /____ /____

**HMG System Eligibility Indicators** (Check all that apply and fax or email to Central Coordination)

☐ Family Income 200% of Federal Poverty Level
☐ First Time Parent
☐ Child under age 3 is victim of substantiated abuse or neglect
☐ Child up to 6 months of age
☐ Sibling(s) currently in HMG
☐ Parent in Active Duty Military
☐ Child under age 3 is suspected or experiencing a developmental delay in one or more of the following developmental areas: ☐ Cognitive ☐ Communication ☐ Physical *(Gross and/or Fine Motor)* ☐ Social-Emotional ☐ Adaptive Behavior
List specific concern: _____
☐ Child under age 3 has documented diagnosed physical or mental condition that has high probability of resulting in a developmental delay.
Diagnosed Condition(s): _____
ICD-9 or ICD-10 codes (if available): _____

Person Making Referral: _____ Agency: _____
Last First
Address: _____City: _____State:____ ZIP Code: _____
Phone: ( ) ____ -_____ Fax ( ) _____ - _____
Email: _____@_____ Is Family Aware of Referral: ○ YES ○ NO

**For Office Use Only** **TIME STAMP**
Family Choice of HV Provider: ☐ Neighborhood Alliance ☐ Catholic Charities ☐ ECHD ☐ OhioGuidestone

Referral Outcome: ☐ Program Referral to Home Visiting
☐ Program Referral to Early Intervention Service Coordination
☐ Exit HMG System

Revision 10/16/2012; Revised 10/30/12; Revised 6/18/13; Revised 3/18/2014