



**Fax Completed Referral ATTN:  
Help Me Grow 805-541-1264**

## SLO County Help Me Grow Referral

Date of Referral: \_\_\_\_\_

Name of Person Referring: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred Child:	Parent / Caregiver:	
Date of Birth:	Relationship to Child:	
Most Recent Address:		
Street Name	City	Zip Code
Contact Telephone:	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
OK to leave Message? <input type="checkbox"/> Y <input type="checkbox"/> N	Does this family identify as homeless? <input type="checkbox"/> Y <input type="checkbox"/> N	
Other Community Services being Accessed:		
Is this family receiving services from CAPSLO: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what program(s):		
Has an ASQ Screening been completed: <input type="checkbox"/> Y <input type="checkbox"/> N <i>(If yes, attach a copy of score summary sheet)</i>		
<b>Areas of Concern (Check all that apply)</b>		
<u>Social / Emotional:</u> <input type="checkbox"/> Compliance (following direction) <input type="checkbox"/> Crying / Consoling <input type="checkbox"/> Coping Skills (frustration tolerance) <input type="checkbox"/> Shy / Withdrawn / Clingy <input type="checkbox"/> Social Skills <input type="checkbox"/> Tantrums / Aggressive Behavior	<u>Development:</u> <input type="checkbox"/> Communication / Language <input type="checkbox"/> Cognition / Problem Solving <input type="checkbox"/> Fine Motor Skills <input type="checkbox"/> Gross Motor Skills <input type="checkbox"/> Personal / Social	<u>Other:</u> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Early Childhood Education / Child Care <input type="checkbox"/> Parent Education / Support <input type="checkbox"/> Prenatal Care and Guidance <input type="checkbox"/> Play Groups <input type="checkbox"/> Health / Medical Concerns <input type="checkbox"/> High Family Stress
Additional Comments:		