

**Public Children Services Referral to Help Me Grow**  
(Please fully complete both sides of this form)

**Public Children Services Agency Information**

PCSA agency:		Date of referral:
Street address:	ZIP:	PCSA County:
Caseworker name:	Supervisor name:	
Caseworker phone:	Supervisor phone:	
Caseworker email:	Supervisor email:	
Caseworker's role: <input type="checkbox"/> Ongoing <input type="checkbox"/> Prevention Services <input type="checkbox"/> Investigative		

**Child Being Referred**

Child name:	Child date of birth:	Child's sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of primary adult caregiver child currently resides with:		Person ID:
Child's current living arrangements: <input type="checkbox"/> Biological/Adoptive Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Step Parent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Kinship/Other	Sex of primary adult caregiver child resides with: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Phone number:		
Address where child is currently living:		
City:	ZIP:	County:
Primary language spoken:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child has an open case with PCSA agency: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the status? <input type="checkbox"/> Assessment/Investigative <input type="checkbox"/> Ongoing <input type="checkbox"/> Prevention Services		
The family has an active Plan of Safe Care: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the service providers involved in the Plan of Safe Care:		
Is there a current judicial order that awards custody to a person or agency other than the child's biological or adoptive parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Please include a copy if available		
Is the primary adult caregiver with whom the child is living aware the PCSA is making a referral to HMG? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Biological/Adoptive Parent(s) Information (if different than above primary caregiver)**

Name:	Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street address:		
City:	ZIP:	County:
Phone number:	Primary language spoken:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there judicial orders that amend this biological or adoptive parent's rights? <input type="checkbox"/> Modify <input type="checkbox"/> Terminate <input type="checkbox"/> No Orders Describe:		
Name:	Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street address:		
City:	ZIP:	County:
Phone number:	Primary language spoken:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

This form must be used to make a referral from any Public Children Services Agency in the state of Ohio to the Help Me Grow System of Supports for Early Intervention and/or Home Visiting Services

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Are there judicial orders that amend this biological or adoptive parent's rights?  Modify  Terminate  No Orders  
 Please briefly describe and attach the order:

**Reason for Referral (at least one must be selected)**

Child is a victim of substantiated abuse and/or neglect assessed through the Traditional Response Pathway. *Results in program referral to EI and a system referral to HV.*

Is this child in protective custody?  Yes  No

Child was born affected by substance abuse or has been diagnosed with drug withdrawal symptoms by a physician resulting from prenatal exposure. Please see attached Physician or Hospital Report. *Results in program referral to EI and system referral to HV.*

- Does the PCSA have documentation from a qualified medical provider indicating a diagnosis of neonatal abstinence syndrome (NAS)?  Yes  No Please include a copy if available.

Child is in a family with a child abuse/neglect report assessed through the Alternative Response Pathway (no finding/substantiation) where services are **required**. *Results in program referral to EI and a system referral to HV.*

Child is in a family with a child abuse/neglect report assessed through the Alternative Response Pathway (no finding/substantiation) where services are **recommended**. *Results in a system referral to HV.*

Child is in a family with a child abuse/neglect report assessed through the Traditional Response Pathway but is not the alleged child victim; the PCSA has determined that ASQ and ASQ SE: Early Intervention screening would be beneficial. *Results in a system referral to EI.*

None of the above circumstances applies, but the PCSA has determined that the caregiver may benefit from parenting education and home visiting support. *Results in a system referral to HV.*

**Other Information**

Are there other children in this child's home under the age of three?  Yes  No

Child is homeless  Yes  No

Contact Information:

Biological parent(s) is currently incarcerated  Yes  No

Contact information:

Are there visitation arrangements in place?  Yes  No Please describe:

Child has a plan in place to be reunified with his/her parent  Yes  No

There are safety precautions that workers should take during visits.  Yes  No Please describe:

Other information that would be helpful in planning services for the child/caregiver:

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**PCSA Referral Guidance Document  
Public Children Services Agency Information**

<b>Data Field</b>	<b>Instructions</b>
<b>PCSA</b>	Enter the name of the PCSA agency making the referral
<b>Date of referral</b>	Enter the date this referral is being completed and sent to HMG
<b>Street Address ZIP</b>	The address of the PCSA that the caseworker is referring from
<b>PCSA County</b>	The county of the PCSA that the caseworker is referring from
<b>Caseworker name</b>	Enter the full name of the PCSA caseworker
<b>Supervisor name</b>	Enter the full name of the PCSA caseworker's supervisor
<b>Caseworker Phone</b>	Enter the best phone number used to contact the PCSA caseworker
<b>Supervisor phone</b>	Enter the best phone number used to contact the PCSA caseworker's supervisor
<b>Caseworker email</b>	Enter the PCSA caseworker's work e-mail
<b>Supervisor email</b>	Enter the PCSA caseworker's supervisor's work e-mail
<b>Caseworker role</b>	Check a box of whether PCSA caseworker is "Ongoing" (the family is being provided Ongoing services) or "Investigative" (the family is still being assessed/investigated for alleged abuse and neglect claims) or "Prevention Services" (the family is receiving services through prevention services case category during and/or after the completion of the assessment/investigation).
<b>Referrer's Signature</b>	Signature of the PCSA caseworker or Supervisor making the referral

**Child Being Referred**

<b>Child's name</b>	Full name of child being referred
<b>Child's date of birth</b>	Date of birth of child being referred
<b>Child's sex</b>	Identify the sex of the child being referred by choosing Female or Male
<b>Name of primary adult caregiver child currently resides with</b>	The name of the adult that is the current primary caregiver with whom the child being referred resides.
<b>Child's current living arrangements</b>	Choose the option that best describes the child's current living arrangements: Biological/Adoptive Parent(s), Grandparent(s), Step Parent(s), Foster Parent, Kinship/Other. This relationship choice should match the name of the person listed above.
<b>Sex of primary adult caregiver child resides with</b>	Identify the sex of the primary adult caregiver that the child being referred resides with by choosing Female or Male.
<b>Phone number</b>	For the adult caregiver with whom the child being referred is currently residing
<b>Address where child is currently living</b>	The current physical address of the child being referred

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<b>City</b>	The city in which the child being referred is currently residing
<b>ZIP</b>	The ZIP code for the address of where the child being referred is currently residing
<b>County</b>	The county for the address where the child being referred is currently residing
<b>Primary Language Spoken</b>	The language that is fluently spoken in the home by the primary caregiver of the child being referred
<b>Interpreter needed</b>	Check yes or no if English is not the primary language and an interpreter is needed for interpretation
<b>Child has an open case with PCSA agency</b>	Check yes or no options on whether the child is involved within an open case with PCSA agency
<b>The family has an active Plan of Safe Care</b>	Check yes or no options on whether the family has an active Plan of Safe Care. <i>A Plan of Safe Care is required when a mother or baby has been impacted by substance misuse during pregnancy. The plan addresses the infant's immediate safety, the infant's safety and treatment needs, the affected parent's health and substance misuse treatment needs, and the treatment needs of all household members with routine caregiving responsibilities for the infant.</i>
<b>If yes, identify the service providers involved in the Plan of Safe Care</b>	List the names of the treatment and/or service providers identified on the active Plan of Safe Care for the family.
<b>For the above question, if yes, what is the status?</b>	Answer "Assessment/Investigative" – if the family is still being investigated or assessed for allegations of abuse and neglect or "Ongoing" -- the assessment/investigation has been completed and services are being provided to the family or "Prevention Services" – services are being provided to the family through prevention services case category during and/or after the completion of the assessment/investigation.
<b>Is there a current judicial order that awards custody to a person or agency other than the child's biological or adoptive parent?</b>	Check yes or no whether there is a current court order that awards custody to a person or agency other than the child's biological or adoptive parent. If available, please include a copy of the judicial orders to enable timely communication with the person(s) authorized to make EI decisions for the child.
<b>Is the primary adult caregiver with whom the child is living aware the PCSA is making a referral to HMG?</b>	Check yes or no to indicate whether the caregiver with whom the child is living knows that the PCSA is making a referral to HMG.

**Biological/Adoptive Parent(s) Information**

<b>Biological/Adoptive Parent Name</b>	First and last name of the child's biological parent/ adoptive parent
<b>Biological/Adoptive Parent Date of Birth</b>	Date of birth of the child's biological parent/ adoptive parent
<b>Sex</b>	Identify the sex of the biological parent/adoptive parent that the child being referred resides with by choosing Female or Male.

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<b>Street Address</b>	The current known address for biological/adoptive parent of the child being referred
<b>City</b>	The city where the biological/adoptive parent of the child being referred resides
<b>ZIP</b>	The ZIP code for the address where the child's biological parent/adoptive parent resides
<b>County</b>	The county for the address of the child's biological parent/adoptive parent
<b>Phone number</b>	The current known phone number of the biological parent/adoptive parent of the child being referred
<b>Primary Language Spoken</b>	The language that is fluently spoken in the home by the biological/adoptive parent of the child being referred
<b>Interpreter needed</b>	Check yes or no if English is not the primary language and an interpreter is needed for interpretation
<b>Are there judicial orders that modify or terminate biological or adoptive parent's rights?</b>	Check the appropriate box if there are or are not judicial orders in place. If applicable, please clarify and describe.

**Reason for Referral**

**Program referral: The family is automatically referred to the indicated program on receipt of this form.**

**System referral: Central Intake will make at least three attempts to contact the family within 14 calendar days of receiving this form to determine if the family is interested in the relevant program(s).**

<b>Child is a victim of substantiated abuse and/or neglect assessed through the Traditional Response Pathway.</b>	Check the box if the child being referred is a victim of identified and documented substantiated abuse and/or neglect. When this box is checked, Central Intake will make a program referral to EI and a system referral to HV services.
<b>Is this child in protective custody?</b>	Check yes or no on whether the child has been removed from the parents' custody.
<b>Child was born affected by substance abuse or has been diagnosed with drug withdrawal symptoms by a physician resulting from prenatal exposure. Please attached Physician or Hospital Report.</b>	Check the box if the child being referred was born affected by substance abuse or was diagnosed with drug withdrawal symptoms. When this box is checked, Central Intake will make a program referral to EI and a system referral to HV services.
<b>Does the PCSA have documentation from a qualified medical provider indicating a diagnosis of neonatal abstinence syndrome (NAS)?</b>	Check yes or no if the PCSA is in possession of documentation that the child has been diagnosed with NAS.

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<p><b>Child is in a family with a child abuse/neglect report assessed through the Alternative Response Pathway (no finding/substantiation) where services are <u>required</u>.</b></p>	<p>Check the box if the child is in a family where there were no substantiated findings, but the caseworker feels the family would benefit from Help Me Grow services and is requiring the family to participate as a part of their Alternate Response Pathway plan. When this box is checked, Central Intake will make a program referral to EI and a system referral to HV services.</p>
<p><b>Child is in a family with a child abuse/neglect report assessed through the Alternative Response Pathway (no finding/substantiation) where services are <u>recommended</u>.</b></p>	<p>Check the box if the child is in a family where there were no substantiated findings, but the caseworker feels the family would benefit from Home Visiting support and services as a part of their Alternate Response Pathway recommendations. When this box is checked, a HV system referral will be initiated and Central Intake will make attempts to contact the parent to determine interest in HV services.</p>
<p><b>Child is in a family with a child abuse/neglect report assessed through the Traditional Response Pathway but is not the alleged child victim; the PCSA has determined that ASQ and ASQ SE: Early Intervention screening would be beneficial.</b></p>	<p>Check the box if the child is within a family with a Traditional Response Pathway but is not the alleged victim child. The caseworker feels that the child would benefit from developmental screenings. When this box is checked, Central Intake will make attempts to contact the parent to determine interest in EI services.</p>
<p><b>None of the above circumstances apply, but the PCSA has determined that the caregiver may benefit from parenting education and home visiting support.</b></p>	<p>Check the box if none of the other circumstances apply, but the caseworker has determined that the caregiver may benefit from parenting education and home visiting support. When this box is checked, a HV system referral will be initiated and Central Intake will make attempts to contact the parent to determine interest in HV services.</p>

**Other Information**

<p><b>There are other children in this child's home under the age of three.</b></p>	<p>Check this box if there are any other children in the home under the age of three.</p>
<p><b>Child is homeless</b></p>	<p>Check yes or no for a child whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and/or an individual who is a resident in transitional housing. Provide contact information for location in which the child is staying.</p>
<p><b>Biological parent(s) is currently incarcerated</b></p>	<p>Check yes or no if biological parent(s) is currently incarcerated. Provide contact information for the location of incarceration.</p>
<p><b>Are there visitation arrangements in place?</b></p>	<p>Check yes or no if there are visitation arrangements in place for the child being referred. Please describe (for example, the locations, dates, and times).</p>
<p><b>Child has a plan in place to be reunified with his/her parent</b></p>	<p>Check yes or no if there is or will be a plan in place for reunification with child's parents</p>

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<b>There are safety precautions that workers should take during visits.</b>	Check yes or no as to whether there are safety precautions that you are aware of that the service coordinator or home visitor should take when meeting with the referred family. Please describe the concerns.
<b>Other information that would be helpful in planning services for the child/caregiver?</b>	Please provide any other additional information that would be helpful in the services and planning of services for the child and caregiver.

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