Appendix Q: Help Me Grow Universal Resource Form

**Universal Resource Form**

Help Me Grow Alabama (HMG) is a free information and referral line connecting families with children (birth to age eight) to information about child development and community resources. By completing this form, you are:

- signing up to receive free information from HMG on child development and community resources in your area,
- signing up to receive access to a free developmental screening tool called the Ages and Stages Questionnaire (ASQ) for each of your children—ages 5 and under,
- authorizing the exchange of information, if permission is given below, for the child(ren) listed between HMG and the provider listed on this form.

### School Name and Classroom #:

### Teacher Name:

### Address: ____________________________ City: ____________________________ Zip Code: ____________________________

### Phone: ____________________________ Fax: ____________________________ Email: ____________________________

### Parent or Guardian Name(s):

### Street: ____________________________ City: ____________________________ Zip Code: ____________________________

### Phone: ____________________________ Email: ____________________________

**Best time to contact:** □ Between ____ & ____ □ Anytime  
**Best form of contact:** □ Phone □ Email □ Text

**Please contact me in:** □ English □ Spanish □ Other (including specific dialect): _________________

### Child Name: ____________________________ □ Male □ Female

### Date of Birth: ____________________________  
**Premature?** □ Yes □ No  
**If yes, # of weeks early:** ____________________________

**Concerns/Reason for Referral:**

**Existing services and/or other referrals in progress:**

**Ask me about my other children when you contact me.**

By signing this form, I, the parent/legal guardian, authorize the release and use of the information above. I also give permission to Help Me Grow to maintain contact with the provider listed about the developmental and resource information provided to my family, so the provider can give us further support.

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**Signature of the parent/legal guardian** ____________________________  
**Date** ____________________________

**Email:** referrals@npcteam.org  
**Fax:** 334-356-8230  
**www.helpmegrowalabama.org**

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