Help Me Thrive
North Texas

Referral Form

Phone: 1-844-NTX-TEEN (1.844.689.8336)
Email: Referral@HelpMeThriveNorthTexas.org
Fax: 817-810-3003

The goal of Help Me Thrive is to provide the best possible resources for all families with youth ages 6 up to 18 to address their needs and empower them with options, at no cost. Help Me Thrive Navigators are available to talk with families or providers to connect them with information in the community. By completing this referral form, a Navigator will reach out to determine the best possible ways to support the youth and family.

Provider Information

Name of Organization or Clinic:

Contact Person:

Street:	City:	Zip Code:

Phone:	Fax:	Email:

This family is receiving services from our office: ☐ Yes ☐ No

Family Information

Parent or Guardian Name (s):

Street:	City:	Zip Code:

Phone:	Email:

Ethnic Identity:	**Racial Identity:**
☐ Hispanic/Latino	☐ American Indian/Alaska Native
☐ Non-Hispanic/Latino	☐ Asian ☐ Black/African American
☐ Unknown/Declined	☐ Native Hawaiian/Pacific Islander ☐ White
	☐ Other ☐ Unknown

Best time to contact: ☐ Between _____ & _____ ☐ After 5pm ☐ Anytime
Best form of contact: ☐ Phone ☐ Email ☐ Text
Please contact me in: ☐ English ☐ Spanish ☐ Other:

Child Name: ☐ Male ☐ Female

Child Date of Birth:

Concerns:

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

Please fax or email this form to: 817-810-3003 **Email:** Referral@HelpMeThriveNorthTexas.org

For more information call or visit our website

www.HelpMeThriveNorthTexas.org

Reciprocal Consent to Release and Share Information

I, _____, am the
Name of Parent / Legal Guardian

(check one): ◯ Parent ◯ Surrogate Parent ◯ Legal Guardian

of _____ _____
Child's Name Child's Date of Birth

- I hereby attest that I am the custodial parent or authorized legal representative and have the authority to provide and consent to the release of this information.
- I hereby consent and agree to **participate in the Help Me Thrive North Texas program**. I understand that the information gathered is part of the screening process and I will be referred for services to the service provider listed below, based upon information I provide.
- I understand and authorize that any and all information that I have provided to Help Me Thrive North Texas will be shared with the service provider listed below through an online platform called **FINDconnect**, a centralized access system designed to assist families and professionals in connecting children to appropriate community-based programs and services.
- I hereby authorize Help Me Thrive North Texas and the service provider listed below:

_____
Name of Service Provider (Agency, Organization, or Individual)

to **reciprocally release and share any records or information** (in writing, verbal, or electronic format) pertinent to evaluate and meet the developmental, educational, medical, clinical, rehabilitative, social, and/or therapeutic needs of my family and child named on this consent.

- After a referral is made, I understand that the above-named service provider will contact me directly. Help Me Thrive North Texas receives no financial benefit or gain as a result of any referral; referrals do not constitute an endorsement.
- I understand that this consent is voluntary and is effective for a period up to twelve (12) months from the date of my signature below. I also understand that I may revoke this authorization at any time; however, the revocation does not apply to any action that has taken place prior to the date I revoked this authorization.
- I understand that personally identifiable information collected as a result of this consent is confidential and shall be maintained in records that are subject to the provisions of the Health Insurance Portability and Accountability Act (HIPAA), and, as such, is available for my review and may be reproduced or corrected upon my request.

_____ _____ _____

▶ Signature of Parent/Legal Representative Printed Name Date