



# 1<sup>st</sup> Five Referral Form Guidance

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## Table of Contents

Privacy and Confidential Information.....	2
1 <sup>st</sup> Five Referral Form .....	2
Release of Information .....	2
Parent/Guardian Signature.....	2
Verbal Consent.....	2
Verbal Consent within Case Notes .....	3
Unauthorized Adult Signature .....	3
Length of ROI Permission .....	4
Specific Authorization for ROI .....	4
Behavioral Health Information.....	4
Services for Parent/Guardian .....	4
ROI and Community Partners .....	5
Case Notes .....	5
Receiving Child Information Without Referral Form .....	5
Receiving Outdated Referral Forms.....	5

# Privacy and Confidential Information

1<sup>st</sup> Five staff shall comply with all state and federal laws and regulations when accessing, using, and disclosing records, data, and information held, maintained, or processed by Iowa HHS.

Information is confidential under Iowa state law, including but not limited to Iowa Code Chapters 13 and Iowa Administrative Code Chapter 441.

## 1<sup>st</sup> Five Referral Form

1<sup>st</sup> Five provides a “one step” referral resource for primary care providers using the 1<sup>st</sup> Five referral form. Children who are birth to age five (up to a child’s 5<sup>th</sup> birthday) must be referred by their primary care provider using the 1<sup>st</sup> Five referral form. The form contains necessary information that assists with contacting parents/guardians, making connections to services and for data collection purposes. If a child is being re-referred to 1<sup>st</sup> Five, a new referral form must be included as part of the referral.

### RELEASE OF INFORMATION

The Release of Information is used to give the referring practice permission to send the referral to 1<sup>st</sup> Five and gives the 1<sup>st</sup> Five contractor permission to exchange client information with Iowa HHS, the medical provider and any of the referral sources listed on the form.

<p><b>Community Resources</b> Please circle resources you are interested in.</p> <p><b>Parent Education &amp; Support Programs:</b> Parents As Teachers, HOPES, FaDSS, Family Support Groups</p> <p><b>Early Intervention Evaluation Services:</b> Early ACCESS, AEA, Child Health Specialty Clinics</p> <p><b>School Readiness Programs:</b> Preschool, Early Head Start, Head Start</p> <p><b>Social Services:</b> Food Assistance, Clothing, General Relief, WIC, Housing Assistance, Domestic Violence, Education, Legal Aid, Financial Assistance, Employment Services, Utilities</p> <p><b>Transportation:</b> Medical Transportation, Public Transportation</p> <p><b>Other Health-Related Services:</b> Tobacco Cessation, Immunizations, Lead Testing, Dental, Hawki, Nutrition, _____</p>	<p><b>Release of Information</b></p> <p>I give _____ permission to contact the local 1<sup>st</sup> Five Site/Agency regarding potential services available through the 1<sup>st</sup> Five program. I understand that information may be exchanged between the 1<sup>st</sup> Five Site/Agency, the medical provider, and any of the community resources listed (left). I understand that the information from these records may be shared with the State of Iowa Department of Health and Human Services and its agents and Title V contractors, Iowa Medicaid Enterprise, or designee for audit, preventive health services, quality improvement and other legally authorized purposes.</p> <p><b>SIGNATURE REQUIRED TO BE PROCESSED</b></p> <p>Signature: _____</p> <p>Relationship to child: _____</p> <p>Date: _____</p>
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### Parent/Guardian Signature

It is best practice for the referring provider to send the 1<sup>st</sup> Five referral form with a signed Release of Information. The referral form must be signed by the parent or legal guardian.

### Verbal Consent

If a referring provider sends an unsigned 1<sup>st</sup> Five referral form, please complete the following steps and provide the referring provider training related to the referral process, the 1<sup>st</sup> Five referral form and/or ROI signature.

1. Contact the referring provider to confirm that they discussed the 1<sup>st</sup> Five program/referral with the parent/guardian AND the parent/guardian gave them verbal consent to refer their child to 1<sup>st</sup> Five.
2. If verbal consent was given to the referring provider, document the following on the referral form: "Verbal consent was given to the referring provider, confirmed on (date)" and sign with initials.
3. Upload the referral form as an attachment within the referral activity.

Note: If the referring provider documented verbal consent was obtained on the referral form, proceed with contacting the caregiver.

IMPORTANT: Do not contact the parent/guardian or begin providing 1<sup>st</sup> Five service until verbal consent has been confirmed and documented.

### **Verbal Consent within Case Notes**

If the provider includes case notes with the referral form and verbal consent is documented within the case note, this would be accepted as verbal consent. The case note must include clear and specific language that demonstrates the parent/guardian accepted/agreed to a 1<sup>st</sup> Five referral. Discussing the program with the parent is not the same as the parent agreeing to be referred to 1<sup>st</sup> Five. See examples below:

Not Acceptable: Provider discussed 1<sup>st</sup> Five with parent/guardian.

Acceptable: Parent/guardian agrees to 1<sup>st</sup> Five referral.

IMPORTANT: Verbal consent will only be accepted if it is written in a case note or the referral form.

### **Unauthorized Adult Signature**

The 1<sup>st</sup> Five referral form must be signed by the child's parent or legal guardian. If the referral form is not signed but the parent/guardian gave the referring provider verbal consent, please reference the "Verbal Consent" section of this guidance document.

Please complete the following steps if the form is signed by an unauthorized adult and verbal consent was not given by the parent/guardian.

1. Advise the unauthorized adult that the child's parent/guardian must sign the ROI on the referral form. If they want the child to participate in 1<sup>st</sup> Five, they must connect with the child's parent/guardian to obtain their signature and return the referral form once it's complete.
2. Mail them a copy of the referral form and allow 4 weeks for it to be completed and returned. Provide them with a due date, noting that the case will be closed if we do not receive the referral form back by the due date.
  - a. Do not provide 1st Five services until the new signed referral form has been received by 1st Five.
3. Send an update to the referring provider to inform them of the status of the referral and the next steps.

4. Once the new referral form has been signed by the parent/guardian and 1<sup>st</sup> Five has received the new form, proceed with providing 1<sup>st</sup> Five services.
5. If the referral form is not returned by the due date, send a letter to the referring provider informing them that we were not able to provide 1<sup>st</sup> Five services because the referral form was not complete with a parent/guardian signature.

Note: Parent/guardian signature on the ROI form also gives 1<sup>st</sup> Five permission to share information with the adult that is caring for the child and working with 1<sup>st</sup> Five staff to ensure services are provided to the child.

### **Length of ROI Permission**

The Release of Information does not have an “expiration date” for open referrals. However, if a child is re-referred to 1<sup>st</sup> Five, we cannot use an old referral form and/or ROI. Each 1<sup>st</sup> Five referral must have a new referral form completed by the parent/guardian and referring provider.

### **Specific Authorization for ROI**

The referring provider is responsible for obtaining and sharing additional Release of Information forms if they are releasing information for substance abuse, mental health, and/or HIV/AIDS.

### **Behavioral Health Information**

If behavioral health information is shared as part of the referral to 1<sup>st</sup> Five, the referring provider is responsible for obtaining any legally required consent from the parent/guardian prior to them sharing information with us. If the provider has questions as to what consents are necessary to release behavioral health information, they should consult with their designated privacy officer or legal counsel.

### **Services for Parent/Guardian**

The needs of the parent/guardian impact the child's health and well-being. Because this information is relevant to the child's health, care coordination activities related to the parent/guardian can be documented in their child's Iowa Connected Record – this includes information related to their behavioral health care needs.

1st Five DSS support families by providing information about resources that can help address their needs. We can assist with making referrals or helping families connect to appropriate services. 1st Five staff do not provide direct care or services to parents but instead focus on guiding them to the support they need.

When a parent/guardian needs care coordination support, it is best practice to get verbal consent from the parent/guardian before you begin providing care coordination services. Be sure to document the verbal consent as part of the care coordination activity.

Update letters to the referring provider should not include information related to referrals and services being made for the parent/guardian. The provider can ask the parent/guardian for updates during their child's next visit.

- Example: 1st Five has provided the parent/guardian with information on community resources to assist with needs related to (insert need). Please contact the parent/guardian if you need any additional information on the services they may be receiving.

## **ROI and Community Partners**

Some community partners have other ROI considerations that require additional privacy for education related information. In those cases, the 1<sup>st</sup> Five Release of Information may not be sufficient, and the parent/guardian will need to sign their agency's internal ROI form to allow them to share client information with 1<sup>st</sup> Five.

Note: If community partners will not accept verbal consent and they require a signed ROI form, 1st Five staff should take next steps and send a ROI form to the parent/guardian for signature.

## **Case Notes**

Providers can send additional Information along with the referral form when making a referral to 1<sup>st</sup> Five. This may include case/visit notes, screening tools, etc. This information can be helpful as we're working with the family to address needs/concerns by connecting them to services in their community. However, case notes and additional information shared as part of the referral to 1st Five are not to be included as part of referrals to community resources. Only share what's necessary to make the referral and connect the family to the resource.

## **Receiving Child Information Without Referral Form**

1st Five referral form is always required. Providers may attempt to send referrals using an internal referral system or over the phone – these types of referrals will not be accepted. Follow up with the referring provider to share the 1st Five referral form, provide education on the referral process and explain that 1st Five will not be able to provide services until the complete form has been received.

## **Receiving Outdated Referral Forms**

Referrals submitted using the outdated form can still be accepted, if all required components are included. If you receive a referral on an older version of the form, please follow the steps below:

1. Review for Required Information
  - a. Ensure that all necessary details are present. If any required information is missing, contact the referring provider to obtain information before proceeding.
2. Contact the Referring Provider/Clinic
  - a. After confirming the referral is complete.
    - i. Gently remind the provider/clinic that a new version of the referral form is now in use.
    - ii. Provide them with a copy of the updated form for future referrals (via fax, email, or delivering it in person).
    - iii. Offer additional training and support to implement the new form in their practice.

This process helps maintain continuity of care while supporting a smooth transition to the new referral form across all referral sources.