



1st Five Referral Form Guidance

November 2025

Table of Contents

1 st Five Referral Form	2
Complete Referrals	2
Parent/Guardian Signature	2
Verbal Consent	2
Verbal Consent within Case Notes	3
Outdated Referral Forms	3
Referral Sent to the Incorrect CSA	4
Incomplete Referrals	4
Missing Parent/Guardian Signature or Verbal Consent	4
Unauthorized Adult Signature	5
Receiving Child Information Without Referral Form	5
Privacy and Confidential Information	5
1 st Five Release of Information	5
Length of ROI Permission	6
Specific Authorization for ROI	6
Behavioral Health Information	6
Protecting and Sharing Information	6
Provider > 1 st Five > Community Resource	7
Community Resource > 1 st Five > Provider	7
Services for Parent/Guardian	7
ROI and Community Partners	8
Appendix A: “Unable to Proceed – Incomplete Referral” Letter Template	8

1st Five Referral Form

1st Five provides a “one step” referral resource for primary care providers using the 1st Five referral form. Children who are birth to age five (up to a child’s 5th birthday) must be referred by their primary care provider using the 1st Five referral form. The form collects essential information for contacting the family, connecting them to services, and for data tracking. A new form must be submitted for each referral, including re-referrals.

COMPLETE REFERRALS

To begin services with the 1st Five program, a completed 1st Five Referral Form is required. The form must include either:

- The parent or legal guardian's signature, or
- Documentation of verbal consent from the parent/guardian, confirmed by the referring provider.

Parent/Guardian Signature

It is best practice for referring providers to submit the 1st Five Referral Form with a signed Release of Information (ROI) by the child’s parent or legal guardian.

A signed ROI ensures that:

- The parent/guardian is fully informed and actively involved in the referral process.
- 1st Five staff have legal permission to contact the family and begin providing 1st Five services.
- Information can be shared appropriately between the provider, 1st Five, and community agencies to support the child and family.
- The family’s rights to privacy and confidentiality are protected in accordance with state and federal laws.

When the ROI is signed at the time of the referral, it helps avoid delays in initiating services and supports a more efficient and family-centered care process. It also demonstrates a shared commitment between the provider and the family to address the child’s needs.

Encouraging providers to obtain the signature upfront sets a strong foundation for effective collaboration, clear communication, and timely support for the child and their family.

Verbal Consent

While we strive for best practice and encourage providers to complete the referral form with the parent or guardian’s signature, we also recognize that requiring a signature at the time of referral may create unintended barriers to children and families accessing timely services. For this reason, verbal consent is acceptable, provided it is clearly documented by the referring provider or confirmed and noted by 1st Five staff.

Our goal is to ensure children receive the support they need without unnecessary delays, while also moving providers toward consistent, best practice referral processes that protect families and streamline services.

If a referral form is submitted without a parent/guardian signature, please complete the following steps and provide the referring provider training related to the referral process, the 1st Five referral form and/or ROI signature.

1. Contact the provider to confirm they discussed 1st Five with the parent/guardian and received verbal consent to refer to 1st Five.
 - a. **Note:** If the referring provider documents verbal consent on the referral form, proceed with contacting the caregiver.
2. If confirmed, write the following on the referral form: “*Verbal consent was given to the referring provider, confirmed on (date),*” and sign/initial it.
3. Upload the referral form as an attachment within the referral activity.

Optional: Send a copy of the completed referral form and a prepaid return envelope to the parent/guardian. In a letter, explain that while 1st Five services can begin with verbal consent, a signed form may be necessary to make referrals on their behalf.

Important: Do not contact the parent/guardian or begin providing 1st Five services 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 1st Five referral. Discussing the program with the parent is not the same as the parent agreeing to be referred to 1st Five. See examples below:

✗ Not Acceptable: “Provider discussed 1st Five with parent/guardian.”

✓ Acceptable: “Parent/guardian agrees to 1st Five referral.”

Important: Verbal consent is valid **only** if documented directly on the referral form or in accompanying case notes.

Outdated Referral Forms

Older versions of the referral form are acceptable if all required information is complete. Follow these steps:

1. Review the referral for completeness.
2. If complete, proceed but:
3. Notify the provider that a new version of the form is available.
4. Share the current version (email/fax/in person).
5. 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.

Referral Sent to the Incorrect CSA

When a referral is mistakenly sent to the wrong CSA, please follow these steps so to ensure a smooth handoff and continued support for the referring provider and family:

If You're the Incorrect CSA Site Coordinator:

- Forward the referral to the correct CSA's Site Coordinator.
- Notify the referring provider that you've routed the referral to the appropriate CSA and let them know the correct CSA will be following up with them.
- Share the correct CSA's contact information with the referring provider for future reference.

If You're the Correct CSA Site Coordinator:

- Reach out to the provider with a friendly reminder and brief education to help prevent future mix-ups.

INCOMPLETE REFERRALS

Referrals that do not include the required documentation are considered **incomplete** and **cannot be accepted**. Services will not be initiated until the completed form and proper consent are received. This ensures compliance with privacy laws and supports timely, family-centered care.

Note: Incomplete referrals will not be documented in Iowa Connected. Please keep track of incomplete referrals in your internal tracking system.

Missing Parent/Guardian Signature or Verbal Consent

If a 1st Five Referral Form is received without a parent/guardian signature or verbal consent has been documented or confirmed, the referral is considered incomplete, and 1st Five services cannot begin. Please follow the steps below:

1. Review the referral form and any attached documentation to confirm that verbal consent was not documented on the form or in the case notes.
2. Call the referring provider/practice:
 - a. Inform them that the referral cannot be accepted without documented consent from the parent/guardian.
 - b. Ask whether verbal consent was obtained but not documented.
 - c. If verbal consent was obtained, follow the guidance outlined in the "Verbal Consent" section of this document.
3. If no verbal consent was obtained, ask the provider to obtain the parent/guardian's consent and return the complete referral form within 10 business days.

4. Do not contact the parent/guardian until consent is confirmed and properly documented. This ensures privacy and compliance with legal requirements.
5. Hold the referral temporarily and allow the provider time to complete the referral. Send them a follow-up reminder after 5 business days if the completed form has not been returned.
6. If a complete referral form is not received after 10 business days, send the “Unable to Proceed – Incomplete Referral” letter to the referring provider stating that 1st Five services cannot be provided because the referral was incomplete. See Appendix A.

Unauthorized Adult Signature

If the referral form is signed by an unauthorized adult and verbal consent was not given by the parent/guardian, follow the guidance outlined in the “Missing Parent/Guardian Signature or Verbal Consent” section of this document.

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

Receiving Child Information Without Referral Form

1st Five referral form is required for all referrals. If a provider attempts to refer via internal systems or by phone, please follow the steps below:

1. Contact the provider, inform them that we cannot accept the referral and provide the 1st Five form.
2. Explain the referral process and support them in completing the referral form.
3. Let them know services cannot begin until a completed referral form is received.

Privacy and Confidential Information

1st 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.

1st Five Release of Information

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

<p>Community Resources <i>Please circle resources you are interested in.</i></p> <p>Parent Education & Support Programs: Parents As Teachers, HOPES, FaDSS, Family Support Groups</p> <p>Early Intervention Evaluation Services: Early ACCESS, AEA, Child Health Specialty Clinics</p> <p>School Readiness Programs: Preschool, Early Head Start, Head Start</p> <p>Social Services: Food Assistance, Clothing, General Relief, WIC, Housing Assistance, Domestic Violence, Education, Legal Aid, Financial Assistance, Employment Services, Utilities</p> <p>Transportation: Medical Transportation, Public Transportation</p> <p>Other Health-Related Services: Tobacco Cessation, Immunizations, Lead Testing, Dental, Hawki, Nutrition, _____</p>	<p>Release of Information</p> <p>I give _____ permission to contact the local 1st Five Site/Agency regarding potential services available through the 1st Five program. I understand that information may be exchanged between the 1st 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>SIGNATURE REQUIRED TO BE PROCESSED</p> <p>Signature: _____</p> <p>Relationship to child: _____</p> <p>Date: _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 1st Five, we cannot use an old referral form and/or ROI. Each 1st 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 1st 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.

If you're unsure about information you're received, always err on the side of privacy. When needed, consult your supervisor, privacy officer, or legal counsel, especially if questions arise about consent requirements for releasing sensitive or behavioral health information.

PROTECTING AND SHARING INFORMATION

Our role is to support the coordination and connection of referrals and keep referring providers informed. We do not pass along private information between providers or community partners, share documentation from other agencies, or speak on their behalf. Families and agencies are in control of what information is shared beyond the initial referral.

If a provider or community partner needs additional or more specific information, they should follow up directly with the family or, if appropriate, contact the referred agency with the proper permissions in place. Always prioritize privacy and respect the boundaries of each partner's role in care coordination.

Provider > 1st Five > Community Resource

Providers may include additional information with a 1st Five referral form (e.g., visit notes, screening tools, etc.). This helps us better understand the family's needs and support appropriate referrals. 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.

Community Resource > 1st Five > Provider

When updating referring providers, only include general information necessary to communicate the referral status. Do not include confidential or detailed case information from community resources.

✓ What Can be Shared in the Referring Provider Letter - Update:

- "Child was referred to [Agency Name] on [Date]."
- General status updates:
 - "Child completed intake and has an appointment scheduled with [Agency Name] on [Date]."
- Whether the family accepted or declined services
- If outreach attempts were unsuccessful after multiple tries

✗ What Should Not Be Shared:

- Case notes from community resources
- Assessment results or diagnosis from other agencies
- Service plan or treatment plans created by referral partners
- Any detailed background, behavioral health history, or personal disclosures from the family or resource agency

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 Provider Update: 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 1st 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 1st 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.

Appendix A: “Unable to Proceed – Incomplete Referral” Letter Template

Date:

Child’s Name:

Child’s DOB:

Referral Date:

Clinic Name:

Provider Name:

Unable to Proceed – Incomplete Referral

A referral for [CLIENT NAME] was submitted without a parent/guardian signature or confirmed verbal consent. As the referral was incomplete, we followed up with your clinic to request support in obtaining consent so that we could proceed with providing 1st Five services.

Unfortunately, we did not receive confirmation that consent was obtained, and we are unable to move forward with the referral at this time.

If your office is able to connect with the parent/guardian at a later date, you are welcome to re-refer the child to 1st Five at any time prior to the child's 5th birthday.

Please feel free to contact me if you have any questions or if we can support your team in the referral process moving forward.

Respectfully,

[SITE COORDINATOR NAME]

1st Five Site Coordinator

[AGENCY NAME]

Phone: **[CONTACT PHONE #]**

Email: **[EMAIL ADDRESS]**