

1st Five Referral Form Guidance

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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 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 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 1st 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 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.

Community Resources Please circle resources you are interested in.	Release of Information
Parent Education & Support Programs: Parents As Teachers, HOPES, FaDSS, Family Support Groups	I give
Early Intervention Evaluation Services: Early ACCESS, AEA, Child Health Specialty Clinics	
School Readiness Programs: Preschool, Early Head Start, Head Start	
Social Services: Food Assistance, Clothing, General Relief, WIC, Housing Assistance, Domestic Violence, Education, Legal Aid, Financial Assistance, Employment Services. Utilities	
Transportation: Medical Transportation, Public Transportation	
Other Health-Related Services: Tobacco Cessation, Immunizations,	Date:
Lead Testing, Dental, Hawki, Nutrition,	

Parent/Guardian Signature

It is best practice for the referring provider to send the 1st 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 1st Five referral form, 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 referring provider to confirm that they discussed the 1st Five program/referral with the parent/guardian AND the parent/guardian gave them verbal consent to refer their child to 1st Five.
- 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 1st 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 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 will only be accepted if it is written in a case note or the referral form.

Unauthorized Adult Signature

The 1st Five referral form must be signed by the child's parent or legal guardian. Please complete the following steps if the form is signed by an unauthorized adult.

- 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 1st Five, they must connect with the child's parent/guardian to obtain their signature and return the referral form once it's complete.
- 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 1st Five has received the new form, proceed with providing 1st 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 1st Five services because the referral form was not complete with a parent/guardian signature.

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 being 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 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.

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.

Services for Parent/Guardian

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.

Case Notes

Providers can send additional Information along with the referral form when making a referral to 1st Five. This may include case/visit notes, screening tools, etc.

Receiving Child Information Without Referral Form

1st Five referral form is required at all times. 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, as long as 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.