

Referral Form - MCAH Home Visiting Programs
Public Health – Maternal, Child & Adolescent Health
County of Sonoma, Department of Health Services
Phone: 707-565-4440 Fax: 707-565-4430

Home visiting programs serve:

- Pregnant & parenting teens
- Low-income pregnant women expecting first child
- Low-income pregnant women & women with a child < 5 years with medical &/or social risk factors

***Please contact our program if you do not receive a confirmation of receipt within 3 business days.**

Date of Referral _____

Referring Agency: _____ Contact Name: _____

Phone: _____ Ext: _____ Fax _____ E-mail: _____

Physician Name and Contact Info: _____

Has client consented to referral? Yes No

How would you like to be notified on status of referral? Phone Call Fax

Teen Referral

Is it OK to identify ourselves as a Public Health Program when calling the teen's home or to leave a message with a person or machine? Yes No

Is teen attending school? Yes No If yes, school name _____

Client Information:

Name: _____ AKA: _____ DOB _____

Street Address: _____ City _____ Zip _____

Phone (Contact Name): _____ Email _____

Language spoken _____ Partner / Father of the Baby (Optional): _____

Mother's Health Insurance: Medi-Cal # _____ Private plan _____

Baby's Health Insurance: Medi-Cal # _____ Private plan _____

Pregnant: EDD _____ First time mother? Yes No

Parenting: Baby's name _____ DOB _____ M / F Birth Weight _____ Gestational Age _____




Medical &/or social risk factors, comments or concerns:



Public Health Maternal, Child & Adolescent Health Home Visiting Programs

The goal of all MCAH Home Visiting Programs is to improve the health of women, children and their families by assisting low-income clients to:

- Secure health insurance
- Establish a medical home
- Connect with community resources
- Provide client education focused on promoting healthy lifestyle choices and nurturing parenting skills

 <p>Teen Parent Connections</p> <p>Who: Pregnant & parenting teens 18 years and younger</p> <p>Staff: Social Workers</p> <p>Focus: Prepare teens for childbirth, provide child development education and assist with education goals & self sufficiency</p>	 <p>Maternal-Child Health Field Nursing</p> <p>Who: Low income pregnant women & women parenting a child under 5 years who have medical &/or social risk factors</p> <p>Staff: Public Health Nurses</p> <p>Focus: Supporting parents to set and achieve short-term goals that promote family health and wellbeing</p>	 <p>Nurse Family Partnership</p> <p>Who: Low-income first-time mothers enrolled by 28 weeks of pregnancy</p> <p>Staff: Public Health Nurses</p> <p>Focus: Promoting family health, child development & economic security through regular home visits until child is 2years old</p>
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Instructions for making referrals:

- Referrals are accepted from schools, health care providers and other community agencies. Self referrals are accepted.
- Home visiting services are most effective when there is a “warm handoff” from the referring party. Please discuss with your client the benefits of home visiting and that you are making the referral.
- Complete the universal referral form to assist us in triaging your client into the most appropriate program. Provide as much of the requested information as you have available and are able to release according to your protocols.
- Fax the referral to **707-565-4430**. Contact us at 707-565-4440 if you have any questions or special concerns about your client.