Referral form: FMCH Home Visiting & Support Group Programs
Family, Maternal & Child Health Programs
Black Infant Health Program, Healthy Families America,
Nurse-Family Partnership & Prenatal Care Guidance
Phone: 925-313-6254 Fax: 925-313-6910

PATIENT LAST NAME _________________________________________ FIRST NAME ________________________________
EDD ___________________________ First time mother? □ Yes □ No
DOB ___________________________ WIC Eligible? □ Yes □ No Medical Record # ___________________________
Address __________________________________________________ Phone # __________________________
City ___________________________ ZIP Code ____________________ Message # ________________________

Language: □ Spanish □ English □ Other __________________________
Ethnicity: □ African American □ Latino □ Asian/Pacific Islander □ White □ Other __________________________
Insurance (Optional; check all that apply): □ Medi-Cal (fee for service) □ CCHP □ Blue Cross □ None
Additional Diagnoses __________________________________________

Has client consented to referral? □ Yes □ No
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 __________________________________________

FROM: Agency/Program _____________________________ Date ______________
Referrals By ___________________________ Phone __________________________ Fax ______________________
Reason for Referral (medical/social) – please attach any necessary documents
__________________________________________________________________________

RESPONSE TO REFERRAL:
________________________________________________________________________

SUMMARY
□ Unable to locate □ Patient contacted/appointment made □ Patient transferred care
□ Patient moved □ Patient contacted (see comments) □ Patient refused follow-up
□ Patient had: TAB / SAB (circle one) □ Other: ____________________________

DISPOSITION
Enrolled in: □ PCG □ NFP □ BIH □ HFA □ Continue to locate □ Closed

COMMENTS
________________________________________________________________________

________________________________________________________________________

Home Visitor Name ______________________ Phone _______________ Date ___________________

Key: tv = telephone visit hv = home visit nhv = not home visit
     ov = office visit ml = mail letter tib = telephone in behalf
Family, Maternal & Child Health Programs - Home Visiting & Support Group Programs

The goal of all FMCH Home Visiting & Support Group 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 & nurturing parenting skills

<table>
<thead>
<tr>
<th>Program</th>
<th>Who</th>
<th>Staff</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Care Guidance (PCG)</td>
<td>Medi-Cal eligible pregnant women who reside in Contra Costa County</td>
<td>Community Health Worker Specialists</td>
<td>Provides support and information to help women obtain early and continued prenatal care</td>
</tr>
<tr>
<td>Nurse-Family Partnership (NFP)</td>
<td>Low-income first-time mothers enrolled before 28 weeks of pregnancy</td>
<td>Public Health Nurses</td>
<td>Empowering first-time mothers to successfully change their lives and the lives of their children through evidence-based home visiting. Services provided until child is 2 years old.</td>
</tr>
<tr>
<td>Black Infant Health (BIH)</td>
<td>African-American women, age 18+, living in Contra Costa County are enrolled prenatally before 30 weeks of pregnancy</td>
<td>Public Health Nurse, Medical Social Worker, and Family Health Advocates</td>
<td>Prenatal &amp; Postpartum support groups promote the overall health of African American women. Case management provided until 9 months postpartum.</td>
</tr>
<tr>
<td>Healthy Families America (HFA)</td>
<td>Low-income pregnant women who reside in Contra Costa County receiving prenatal care at Healthy Start &amp; WIC clinics</td>
<td>Community Health Worker Specialists</td>
<td>Strengthening Parent-child relationships, healthy growth and development and family functioning through home visits until child is 3 years old</td>
</tr>
</tbody>
</table>

Instructions for making referrals:

- Referrals are accepted from health care providers and other community agencies. Self-referrals are accepted.
- Home visiting & support group 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 925-313-6910. Contact us at 925-313-6254 if you have any questions or special concerns about your client.