



Central Healthy Start
Counties: Citrus, Hernando, Lake, Sumter

Healthy Start of North Central Florida
Counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, Union

PROGRAM REFERRAL FORM

FAX THIS FORM TO 352-313-6513

SEND ENCRYPTED EMAIL TO
CONNECT@WELLFLORIDA.ORG

WEBSITE: WWW.CONNECTNCF.ORG

Call Connect: 877-678-9355

CLIENT INFORMATION

Client (select one) <input type="radio"/> Pregnant Woman Due Date _____ <input type="radio"/> Infant <input type="radio"/> Interconceptional Woman (ICC) (Woman who had a loss or removal of infant within last 18 months.)				Insurance Medical Insurance? <input type="radio"/> Yes <input type="radio"/> No Medicaid ID # _____			
First Name		Last Name		Date of Birth (mm/dd/yyyy)		Gender (if infant)	
Physical Address				Apt	City	State	ZIP Code
Main Phone		Other Phone		Email			County
Preferred Language(s) <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Creole <input type="radio"/> Other _____				Race <input type="radio"/> Black/African-American <input type="radio"/> White <input type="radio"/> Other _____		Ethnicity <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	

PARENT/GUARDIAN INFORMATION (IF CLIENT IS INFANT)

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Relationship to Child
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RISK FACTORS (SELECT ALL THAT APPLY)

Pregnant Woman <input type="radio"/> First pregnancy <input type="radio"/> Pregnant teen <input type="radio"/> Substance exposure <input type="radio"/> Tobacco use <input type="checkbox"/> Mother <input type="checkbox"/> Other member of household <input type="radio"/> Pregnancy interval less than 18 months <input type="radio"/> Prior poor birth outcomes <input type="checkbox"/> Had a baby not born alive <input type="checkbox"/> Had a baby born more than 3 weeks before due date <input type="checkbox"/> Had a baby weighing less than 5 lbs, 8 oz	Infant <input type="radio"/> Low Birth Weight (less than 4 lbs, 7 oz) <input type="radio"/> Admitted to NICU <input type="radio"/> Father is not involved <input type="radio"/> Tobacco exposure <input type="radio"/> Substance exposure <input type="radio"/> Growth or developmental delay <input type="radio"/> Chronic illness or health problem ICC Woman <input type="radio"/> Child not in mother's guardianship <input type="radio"/> Pregnancy loss <input type="radio"/> Infant death <input type="radio"/> Child placed for adoption	Additional Concerns <input type="radio"/> Domestic violence (past or present) <input type="radio"/> Open dependency case <input type="radio"/> Mental health (or history of): depression / stress / anxiety / hopelessness <input type="radio"/> Other children under the age of 5 in the home <input type="radio"/> Death in immediate family or child death <input type="radio"/> Homeless or unstable housing <input type="radio"/> Lack of support <input type="radio"/> Incarcerated parent <input type="radio"/> Military family <input type="radio"/> Low family or student academic achievement <input type="radio"/> Teen parent
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ADDITIONAL COMMENTS

CONNECT REFERRAL

<input type="checkbox"/> Best Fit for Family <input type="checkbox"/> Healthy Start <input type="checkbox"/> MIECHV/Parents as Teachers	<input type="checkbox"/> Healthy Families <input type="checkbox"/> NewboRN Home Visiting <input type="checkbox"/> Nurse Family Partnership
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REFERRING AGENCY INFORMATION

The client has consented to share the information on this form with and be contacted by Connect . The client consents that information can be shared with collaborating agencies. The client understands that this information will be confidential.		
Verbal Consent Obtained By (name)		Date
Referring Agency	Referring Person	
Phone Number of Referring Agency	Fax Number of Referring Agency	Email Address of Referring Agency



Connect is a program
of Healthy Start of North
Central Florida and Central
Healthy Start coalitions