



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

SEND ENCRYPTED EMAIL TO
CONNECT@WELLFLORIDA.ORG
 WEBSITE: WWW.CONNECTNCF.ORG
 ONLINE FORM: <https://tinyurl.com/ConnectRef>
 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.)		Case ID _____		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 _____
-------------------------	------------------------	--	------------------------------------

RISK FACTORS (SELECT ALL THAT APPLY)

Pregnant Woman <input type="radio"/> First pregnancy <input type="radio"/> Pregnant teen <input type="radio"/> Substance use <input type="checkbox"/> History <input type="checkbox"/> Current <input type="checkbox"/> Other member of household <input type="radio"/> Tobacco use <input type="checkbox"/> History <input type="checkbox"/> Current <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
--	--	--

Additional Concerns:

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 _____
Supervisor _____	Email _____	Date _____



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

5/2023