DE THRIVES

home visiting

REFERRAL FORM

Complete this form and fax to 302-295-5988 or email Helpmegrow@uwde.org.
Potential clients can self-refer by calling 2-1-1 or texting 302-231-1464.

If referral is under 18

_____
PARENT OR LEGAL GUARDIAN CONTACT NAME

Is it Ok to contact this person in reference to this referral?

☐ Yes

☐ No

_____
RELATIONSHIP

_____
PHONE

_____
(DATE OF REFERRAL)

_____ _____
(CLIENT NAME) (DATE OF BIRTH)

_____ _____
(ESTIMATED DUE DATE) (EMAIL ADDRESS)

_____ _____
(ADDRESS) (ADDRESS 2)

_____ _____ _____ _____
(CITY) (ZIP) (HOME PHONE) (CELLPHONE)

Preferred method of communication ○ Client prefers text ○ Client prefers phone call ○ Client prefers email

_____ _____
(CHILD NAME) (CHILD DATE OF BIRTH)

Primary Language ○ English ○ Spanish ○ Creole ○ Other: _____
(OTHER LANGUAGE)

Race ○ African American ○ Asian ○ Biracial ○ Caucasian ○ Hawaiian/Pacific Islander

○ Hispanic ○ Native American ○ Other: _____
(OTHER ETHNICITY/RACE)

Marital Status ○ Single ○ Married ○ Separated ○ Divorced ○ Widowed

Does client receive any of the following? ○ Medicaid ○ TANF ○ Food Stamps ○ WIC

_____ _____
(OBGYN) (PEDIATRICIAN)

Some Potential Risk Factors for Consideration to Make a Referral (please check those that apply):

Is the client being referred involved with DFS? ○ Yes ○ No

If yes, is there a Plan of Safe Care (POSC) in place? ○ Yes ○ No

☐ Teen parent
☐ Child w/ disability or chronic health condition
☐ Parent w/ disability or chronic health condition
☐ Parent w/ mental health issue(s)
☐ Low educational attainment
☐ Low income
☐ Recent immigrant or refugee family
☐ Substance use disorder
☐ Housing instability
☐ Very low birth weight
☐ Intimate partner violence
☐ Child abuse or neglect
☐ Death in the immediate family
☐ Foster care or other temporary caregiver
☐ Military deployment
☐ Parent incarcerated during the child's lifetime

_____ _____
(CONTACT PERSON) (PHONE NUMBER)

_____ _____ _____
(NAME OF PERSON MAKING REFERRAL) (AGENCY) (CONTACT NUMBER)

Nurse-Family Partnership
Helping First-Time Parents Succeed

Healthy Families America

EARLY HEAD START

Parents as Teachers

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health