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

_____ _____
(NAME OF PERSON) (PHONE NUMBER)

_____ _____
(EMAIL ADDRESS) (AGENCY)

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