



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.

(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

(OB-GYN) _____ (PEDIATRICIAN)

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

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

Is the client being referred involved with DFS? Yes No

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

(NAME OF PERSON) _____ (PHONE NUMBER)

(EMAIL ADDRESS) _____ (AGENCY)

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

