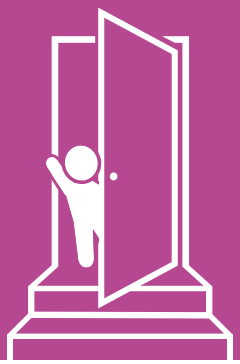
Home Visiting Referral Form

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 can text their zip code to 898211.



(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):

- ☐ 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

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

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