Healthy Families Fauquier & Rappahannock™

Healthy Families Orange & Madison™

HEALTHY FAMILIES REFERRAL

Name: _____ **Date of Birth:** _____

Address: _____

Phone Number: _____

How do you prefer to be contacted? ☐ Phone ☐ Text ☐ Email

Language spoken: _____

I am completing this survey:

☐ Prenatally My baby is due on:

☐ After delivery My baby was born on:

I named my baby: _____

Answer YES or NO to the statements below:

YES	NO	
☐	☐	My first prenatal visit was the first trimester (after 12 weeks)
☐	☐	I am ☐ single, ☐ separated, ☐ divorced or ☐ widowed. (If yes, check one)
☐	☐	I am currently ☐ a student, ☐ unemployed, or ☐ looking for work.
☐	☐	I receive ☐ WIC, ☐ TANF, ☐ SNAP, ☐ Medicaid or Social Security. (check all that apply)
☐	☐	I have serious family stress.

☐ **I authorize** the release of my information to Healthy Families Fauquier/ Rappahannock/ Madison/ Orange. I understand the purpose of the information release is so that I can learn more about the program. I understand someone from Healthy Families will contact me.

Signature _____ Date: _____

☐ **Verbal consent** to be contacted was received from the person listed above to be contacted by Healthy Families Fauquire/Rappahannock/Madison/Orange.

REFERRING PERSON/AGENCY: _____

Scan to Shelley Hensley at hfsupervisor@skylinecap.org (or call (540) 948-3619, ext. 440)