



## HEALTHY FAMILIES REFERRAL

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a first-time parent   |
| <input type="checkbox"/> | <input type="checkbox"/> | My first prenatal visit was after the first trimester (after 12 weeks)   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am <input type="checkbox"/> single, <input type="checkbox"/> separated, <input type="checkbox"/> divorced or <input type="checkbox"/> widowed (If yes, check one)  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently <input type="checkbox"/> a student, <input type="checkbox"/> unemployed, or <input type="checkbox"/> looking for work (Please check one)  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive <input type="checkbox"/> WIC, <input type="checkbox"/> TANF, <input type="checkbox"/> SNAP, <input type="checkbox"/> Medicaid or <input type="checkbox"/> Social Security (check all that apply) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have family stress.  |

I **authorize** the release of this referral to Healthy Families Skyline CAP. 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 Skyline CAP.

REFERRING PERSON/AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_

Scan to Shelley Hensley at [hfsupervisor@skylinecap.org](mailto:hfsupervisor@skylinecap.org) (or call (540) 948-3916, ext. 440)