

Referral form: FMCH Home Visiting & Support Group Programs
Family, Maternal & Child Health Programs
Black Infant Health Program, Healthy Families America, Prenatal
Care Guidance, Nurse-Family Partnership, and Adolescent Family
Life Program
Phone: 925-313-6254 Fax: 925-313-6910

CONFIDENTIAL

**FAX
REFERRAL TO:
925-313-6910**

PATIENT LAST NAME _____ **FIRST NAME** _____
EDD _____ **First time mother?** Yes No
DOB _____ **WIC Eligible:?** Yes No **Medical Record #** _____
Address _____ **Phone #** _____
City _____ **ZIP Code** _____ **Message #** _____
Language: Spanish English Other
Ethnicity: African American Latino Asian/Pacific Islander White Other
Insurance (Optional; check all that apply): Medi-Cal (fee for service) CCHP Blue Cross None

Additional Diagnosis: _____

Has client consented to referral? Yes No
Teen referral
Is it Ok to identify ourselves as a Public Health Program when calling the teen's home or to leave a message with a person or machine? Yes No
Is teen attending school? Yes No If yes, school name _____
Cal Learn? Yes No Unknown

FROM: Agency/ Program _____ **Date** _____
Referred By _____ **Phone** _____ **Fax** _____
Reason for Referral (medical/social) – please attach any necessary documents

RESPONSE TO REFERRAL

SUMMARY

Unable to locate Patient contacted/appointment made Patient transferred care
 Patient moved Patient contacted (see comments) Patient refused follow-up
 Patient had: TAB / SAB (circle one) Other: _____

DISPOSITION

Enrolled in: PCG NFP BIH HFA AFLP Continue to locate Closed

COMMENTS

Home Visitor Name:

Phone: _____ Date: _____

Key:

tv=telephone visit, ov = office visit, hv = home visit, ml = mail letter, nhv = not home visit, tib = telephone in behalf







Contra Costa Health Services, Department of Public Health

Family, Maternal & Child Health Programs - Home Visiting & Support Group Programs

The goal of all FMCH Home Visiting & Support Group Programs is to improve the health of women, children and their families by assisting low-income clients to:

- Secure health insurance
- Establish a medical home
- Connect with community resources
- Provide client education focused on promoting healthy lifestyle choices & nurturing parenting skills

<p style="text-align: center;">Healthy Families America (HFA) & Prenatal Care Guidance (PCG)</p> <div style="display: flex; justify-content: space-around;">   </div> <p>Who: Medi-Cal eligible and low-income pregnant women who reside in Contra Costa County.</p> <p>Staff: Community Health Worker Specialists and Medical Social Worker</p> <p>Focus: Provides support and information to help women obtain early and continued prenatal care. Strengthens parent-child relationships, healthy growth and development and family functioning through home visits as needed or until child is 3 years old.</p>	<div style="text-align: center;">  <p>Nurse-Family Partnership (NFP)</p> </div> <p>Who: Low-income first-time mothers enrolled before 28 weeks of pregnancy</p> <p>Staff: Public Health Nurses</p> <p>Focus: Empowering first-time mothers to successfully change their lives and the lives of their children through evidence-based home visiting. Services provided until child is 2 years old.</p>
<div style="text-align: center;">  <p>Black Infant Health (BIH)</p> </div> <p>Who: African-American women, age 18+, living in Contra Costa County are enrolled prenatally before 30 weeks of pregnancy</p> <p>Staff: Public Health Nurse, Medical Social Worker, and Family Health Advocates</p> <p>Focus: Prenatal & Postpartum support groups promote the overall health of African American women. Case management provided until 9 months postpartum.</p>	<p style="text-align: center;">Adolescent Family Life Program (AFLP)</p> <p>Who: Low-income pregnant or parenting Latina adolescents (18 and under) living in San Pablo or Richmond.</p> <p>Staff: Adolescent Health Case Manager</p> <p>Focus: Works with youth to identify their strengths; set and achieve goals related to academic success, healthy relationships, and parenting. Provides case management twice a month, in the home or community setting, for 12-24 months.</p>

Instructions for making referrals:

- Referrals are accepted from health care providers and other community agencies. Self-referrals are accepted.
- Home visiting & support group services are most effective when there is a “warm handoff” from the referring party. Please discuss with your client the benefits of home visiting and that you are making the referral.
- Complete the universal referral form to assist us in triaging your client into the most appropriate program. Provide as much of the requested information as you have available and are able to release according to your protocols.
- Fax the referral to **925-313-6910**. Contact us at 925-313-6254 if you have any questions or special concerns about your client.