LA COUNTY HOME VISITING PROGRAM

Confidential Referral Form

Phone: 213-639-6478, Fax: (213) 639-1035, OR encrypted email to HomeVisit@ph.lacounty.gov.

REFERRALS ACCEPTED FOR THOSE WHO MEET ANY OF THE FOLLOWING CRITERIA & AT LEAST ONE RISK BELOW:

- ☐ Receiving CalWORKs AND: ☐ (a) First-time pregnancy under 28 weeks and no previous live birth; or ☐ (b) First-time parent or caretaker relative of a child less than 24 months old.
- ☐ First time pregnant under 28 weeks, no previous live birth.
- ☐ Parenting with child less than 90 days postpartum;
- ☐ Pregnant and/or parenting with risk factors below;
- ☐ Parent, guardian, or caregiver of child/children up to 3 years old.

☐ **OPTIONAL**: If eligible, HV Model preference:
- ☐ Healthy Families America (HFA)
- ☐ Nurse-Family Partnership (NFP)
- ☐ Parents As Teachers (PAT)

Date: _____ **Person making referral**: _____ Title: _____

Email Address: _____ Phone: _____ Cell phone: _____

Agency Name: _____ Fax #: _____

Client consented to be referred to home visiting programs. Signature: _____ or ☐ Verbal

Name of Client: _____ Date of Birth: _____ Email Address: _____

If **pregnant**, Date of delivery: _____ If **parenting**, DOBs of child/children: _____

Home address: _____ Zip Code: _____

Cellphone #: _____ Home #: _____ Ethnicity: _____

Does client understand English? ☐ Yes ☐ No Preferred language: _____

If pregnant, is pregnancy confidential to (kept privately from) to family/others? ☐ Yes ☐ No

Receiving Medi-Cal (MC)? ☐ Yes ☐ No, MC# _____ If no, is client Medi-Cal eligible? ☐ Yes ☐ No

Risk Factors (Known and/or Suspected – Please check ALL that apply.)

- ☐ Mental health condition/diagnosis
- ☐ Mental health concern(s)
- ☐ Risk of developing maternal depression/anxiety
- ☐ History of or risk of substance use
- ☐ History or risk of entry into juvenile justice system
- ☐ History of or risk of entry into criminal justice system
- ☐ Special needs (deaf, hard of hearing, developmentally-delayed, blind, physical disability, development disability)
- ☐ Housing issue (homelessness, unstable housing)
- ☐ Medical diagnosis/complexity
- ☐ History of or currently in foster care system
- ☐ Exposed to trauma/violence
- ☐ History or at risk of involvement with DCFS
- ☐ Previous pre-term birth (less than 37 weeks)
- ☐ Previous low birthweight baby (less than 5 lbs, 8 oz)
- ☐ Less than HS education or GED
- ☐ No Support System
- ☐ Unsafe living conditions
- ☐ 19 years old or younger
- ☐ Stressed Family
- ☐ Others _____

Comments: _____