



To Make a Referral: Contact Paula Panure (920) 436-4416 Ext. 124 FAX: 436-8896

Community Partnership for Children/Healthy Families Referral Form

The Community Partnership for Children welcomes referrals for any parent living in Brown County. Families are provided information, referred to community resources (including home visitation and prenatal care services) and offered short term follow-up as needed.

Agency Referring: _____ Referral Date: _____

Staff Referring: _____ Phone #: _____

Mother's Name: _____ Mother's DOB: _____

Marital Status: *single* *married* *separated* *widowed* *divorced* (circle one)

Address: _____ Mother's Physician: _____

_____ Insurance? *Y or N* Medical Assistance? *Y or N*

Phone #: _____ Can we leave a message *Y or N*

Father of Baby Name: _____ First Baby? *Y or N* Prenatal? *Y or N*

Baby's Name: _____ Baby's Physician: _____

Baby's DOB: _____ *Baby in NICU* Baby's sex: *M or F* Estimated Delivery Date: _____

PLEASE COMPLETE THE SCREEN BELOW: (definitions on back)

SCORE: T = True F = False U = Unknown

- ___ 1. Mother is Age 20 or younger
- ___ 2. Inadequate income (for example: Medicaid, WIC, employed without medical insurance, stated concerns about finances by family)
- ___ 3. Unstable housing (no current home, uncertainty regarding home, or temporary address such as homeless shelter; may also include overcrowded or unsafe housing)
- ___ 4. No phone
- ___ 5. Education under 12 years
- ___ 6. Inadequate emergency contacts (no immediate family-parents, siblings, or partner)
- ___ 7. History of substance abuse (excessive use of drugs or alcohol)
- ___ 8. Late prenatal care (prenatal care started after 12th week of pregnancy), not following medical advice, no prenatal care, or "multiple (more than 2) missed appointments"
- ___ 9. History of terminating a pregnancy (within the past year or more than 2 times ever) or unsuccessfully attempted to terminate current pregnancy
- ___ 10. History of, or current depression or other psychiatric care
- ___ 11. Relinquishment for adoption sought, attempted or considered for this pregnancy
- ___ 12. Marital or family problems (any indication of discord among family members as relevant to the parent)
- ___ 13. Parent has a developmental delay

Other Concerns or Comments: