

**HEALTHY FAMILIES SEVEN RIVERS REFERRAL FORM**

Healthy Families Seven Rivers is a voluntary home visitation program that serves families by promoting positive parent- child interaction. **Referrals are accepted prenatally or until the child is up to three months of age.**

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| --- | --- | --- | --- |
| Referring staff/agency: |  | Date:  |  |
| Phone Number: |  | Fax: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Name: |  | Mother’s DOB:  |  |
| Mother’s Address: |  | City: |  |
| County: | **\_\_\_\_\_\_\_\_\_\_** | Zipcode: |  | Phone#1: |  |
| Phone #2: |  | EDD: |  | Baby’s DOB:  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Y | N1 | U | 1. | High school diploma or GED. |
| Y | N1 | U | 2. | Married. |
| Y2 | N | U | 3. | Any other children under five living in the home. |
| Y1 | N | U | 4. | Any children at home with medical or special needs. |
| Y1 | N | U | 5. | Mom indicated this is not a good time to have this baby. |
| Y\* | N | U | 5. | a. | If answer to #5 is yes, determine if:  |
|  |  | Prior to this pregnancy, mom did not want to be pregnant. |
| Y2 | N | U | 6. | History of or current mental health issues, including maternal depression. |
| Y1 | N | U | 7. | Mom indicated she has felt alone when facing problems in the last month. |
| Y1 | N | U | 8. | History of or current mental health services or counseling. |
| Y2 | N | U | 9. | In the last year, someone the mom knows has tried to hurt or threaten her. |
| Y1 | N | U | 10. | Mom has trouble paying bills.  |
| Y2 | N | U | 11. | History of or current alcohol or substance abuse. |
| Y2 | N | U | 12. | Tobacco use during pregnancy. |
| Y1 | N | U | 13. | 18 years or younger. |
| Y1 | N | U | 14. | First prenatal visit during 2nd or 3rd trimester, or no prenatal care. |

**Answer the following questions to the best of your ability:**

Healthy Families Seven Rivers serves families who live in the following counties:

**Hamilton, Jefferson, Lafayette, Madison, Taylor**

**Please fax this referral to Healthy Families Seven Rivers at (850)948-3072**

**1336 SW Grand St – PO Box 658- Greenville, FL 32331**