

Polk Partners In Home Referral Form

This form will be used to refer pregnant or parenting families to early childhood in home support services in POLK COUNTY. See the reverse side of the form for a list of collaborative partners who provide in-home support to families with young children.

Child:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	
Child:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	
Parent/Guardian:		DOB:	Relationship to child:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	Due date:	
Parent/Guardian:		DOB:	Relationship to child:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
Address:		City:	Zip:	
Cell Phone:	Texts? <input type="checkbox"/> Y <input type="checkbox"/> N	Home Phone:	Best Time to Call:	
Preferred Language:			Email:	
Parent Aware of Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent Initial: _____				
Reason for Referral: Check ALL that Apply				
<u>Child or Children</u>				
<input type="checkbox"/> Lack of Prenatal Care	<input type="checkbox"/> Has Disability	<input type="checkbox"/> Behavior concerns		
<input type="checkbox"/> Support with Breastfeeding	<input type="checkbox"/> Born Premature	<input type="checkbox"/> Feeding concerns		
<input type="checkbox"/> Support with Infant Care	<input type="checkbox"/> Home Environment concerns	<input type="checkbox"/> Health concerns		
<input type="checkbox"/> Drug-Exposed Infant/Pregnancy	<input type="checkbox"/> Development concerns	<input type="checkbox"/> Weight concerns		
<input type="checkbox"/> Support with Attachment/Bonding	<input type="checkbox"/> Social/Emotional concerns			
<u>Parent or Guardian</u>				
<input type="checkbox"/> Feels Depressed or Overwhelmed	<input type="checkbox"/> Teen/Young Parent	<input type="checkbox"/> Lack of Food/Clothing/Housing		
<input type="checkbox"/> Isolation/Lack of Support	<input type="checkbox"/> First Time Parent	<input type="checkbox"/> Incarceration/ Probation		
<input type="checkbox"/> Support with Parenting	<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Low Income		
<input type="checkbox"/> Has Disability	<input type="checkbox"/> Alcohol/Drug Use	<input type="checkbox"/> Other:		
Additional Family Information:				
<input type="checkbox"/> Migrant/Seasonal Work	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Homeless	<input type="checkbox"/> Receives TANF/SSI	<input type="checkbox"/> Receives SNAP
Is there anything else we should know?				
Referred by:		Agency:	Phone:	Date:

OFFICE USE ONLY

Date:	Received by:
<u>Result of Referral:</u>	
<input type="checkbox"/> Engaged in Services with	
<input type="checkbox"/> Declined Services with	Reason
<input type="checkbox"/> Fax	<input type="checkbox"/> Phone
<input type="checkbox"/> Email	<input type="checkbox"/> Mail

Please Fax all referral forms to 503-831-3499, or mail to
 182 SW Academy St. Suite 302, Dallas OR 97338
 Online at <http://www.co.polk.or.us/ph/home-visitation-programs>
 For Questions Please call Public Health at 503-623-8175

Partnering Organizations:

FAMILY BUILDING BLOCKS

503-566-2132

Healthy Families

Relief Nursery Classroom

Relief Nursery Outreach

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY

503-581-1152

Early Head Start

Head Start

OREGON CHILD DEVELOPMENT COALITION

503-838-2745

Migrant Head Start

Migrant/Seasonal Early Head Start

Seasonal Head Start

POLK COUNTY PUBLIC HEALTH

503-623-8175

Babies First

CaCoon

Maternity Case Management

WILLAMETTE ESD

503-588-5330

Early Intervention (0-3)