



POLK COUNTY HOME VISITING REFERRAL FORM

This is a referral form for the Babies First!, CaCoon, and Family Connects programs.

Date: _____

Type of Referral:

- ☐ Self
- ☐ Agency (*If Agency is selected please fill out the following)

Agency Name: _____

Name of Requestor: _____

Referring Entity Phone Number: _____

What program?

- ☐ **Babies First!:** for families covered by OHP during pregnancy and/or with children birth to age 5
- ☐ **CaCoon:** for families with children who have special health care needs
- ☐ **Family Connects:** nurse home visits for all Polk County families who have a newborn under the age of 8 weeks

Parent/Guardian Information

Name: _____ Date of Birth: _____

Insurance Type: ☐ OHP ☐ Unknown ☐ Other: _____

Due Date (if applicable): _____

Has child already been born? ☐ Yes ☐ No

Child Information

Child's Name: _____ Date of Birth: _____

Child's Sex: ☐ Male ☐ Female

Insurance Type: ☐ OHP ☐ Unknown ☐ Other: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Parent/Child Contact Information:

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Please list any details or concerns you would like us to know.

To submit a referral, please drop it off in person, send by fax or mail, or email ph.info@co.polk.or.us to request a secure link to upload the form.

Polk County Public Health
Attn: Home Visiting
182 SW Academy St., Suite 302
Dallas, OR 97338

Ph: (503) 623-8175
Fax: (503) 831-3499