Healthy Families Del Norte County™

Del Norte County Healthy Families Referral Form

Enrollment Criteria

☐ Pregnant or newborn under 3 months of age OR

☐ CWS- Up to 24 months to enroll AND

☐ Resident of Del Norte County and Tribal Lands

Demographic Information:

Caregiver Last Name:_____   Caregiver First Name:_____

Phone number_____   Date of Birth: _____

Current Address:_____   City/State/Zip_____

Language: _____   Interpreter Needed? ☐ Yes ☐ No

Ethnicity: ☐ Hispanic   ☐ Non-Hispanic   Race: _____

Tribal Affiliation: ☐ Yes ☐ No   *If yes, which tribe:* _____

Preferred Contact Method *(Required)*

☐ Email: _____   ☐ Phone call   ☐ Text

Pregnant? ☐ Yes ☐ No   First Pregnancy? ☐ Yes ☐ No

If yes, what is the expected date of delivery? _____   *If no, skip to the next question.*

Child's Date of Birth: Month_____Date_____Year_____

Are there any other children or adults in the home and if so, what are their ages? Any special needs?

_____

Educational Level: ☐ High School ☐ College ☐ Other

Medical Information:

Provider_____   Phone Number _____

Health Insurance_____

Has the newborn been diagnosed with any acute or chronic medical conditions that we should be aware of or any issues experienced at birth? If so, please explain. _____

Results of newborn hearing screening, if performed?_____

What concerns does the caregiver have? (Check all that apply)

☐ Parenting skills/education   ☐ Information on finding resources   ☐ Developmental Milestones

☐ Food insecurity   ☐ Medical support   ☐ Stress/self-care/mental health

☐ Meeting other parents   ☐ Breastfeeding support   ☐ Oral health

☐ Building a support system   ☐ Understanding behaviors   ☐ Child safety

☐ Parent-child activities   ☐ Establishing routines   ☐ Other

Additional comments:_____

What is the number one thing you want us to know about your family? _____

Referral Information

Referring Agency: _____   Staff Name: _____

Date of Referral: _____   Phone Number_____

Parent Signature: _____   Date:_____

Return referrals to Fax: 707-465-6701   Confidential Email: healthyfamilies@dnco.org