

## Referral Form - MCAH Home Visiting Programs

Public Health – Maternal, Child & Adolescent Health

County of Sonoma, Department of Health Services

Phone: 707-565-4440 Fax: 707-565-4430

Email: [homevisiting@sonoma-county.org](mailto:homevisiting@sonoma-county.org)

### Home visiting programs serve:

- Pregnant & parenting teens
- Low-income pregnant parents expecting first child
- Low-income pregnant parent & parent with a child ≤ 5 years with experience of trauma

**\*Please contact our program if you do not receive a confirmation of receipt within 3 business days.**

Date of Referral: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Physician Name and Contact Info: \_\_\_\_\_

**Has client consented to referral?** ☐ Yes ☐ No If no, please clarify: \_\_\_\_\_

How would you like to be notified on status of referral? ☐ Phone Call ☐ Fax ☐ Email

Is it OK to identify ourselves as a Public Health Program when calling or leaving a message? ☐ Yes ☐ No

Is this a Teen referral? ☐ Yes ☐ No

Is teen attending school? ☐ Yes ☐ No If yes, school name \_\_\_\_\_

### Client Information:

Name: \_\_\_\_\_ AKA: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Contact Name): \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Partner / Father of the Baby (Optional): \_\_\_\_\_

Mother's Health Insurance: Medi-Cal # \_\_\_\_\_ Private plan: \_\_\_\_\_

Baby's Health Insurance: Medi-Cal # \_\_\_\_\_ Private plan: \_\_\_\_\_

☐ Pregnant: Estimated Due Date (EDD): \_\_\_\_\_ First-time parent? ☐ Yes ☐ No




☐ Parenting: Baby's name \_\_\_\_\_ DOB: \_\_\_\_\_ M / F Birth Weight: \_\_\_\_\_ Gestational Age: \_\_\_\_\_

**Medical &/or social risk factors, comments or concerns:**

## Public Health Maternal, Child & Adolescent Health Home Visiting Programs

The goal of our Home Visiting Programs is to support healthy pregnancies, births and childhoods, while helping build family resilience. Using a trauma-informed lens, DHS' Home Visiting programs assist low-income families with:

- Securing health insurance
- Establishing a medical home and navigating medical/dental systems
- Strengths-based case management and connection to community resources
- Parent education and support setting and meeting goals

 <p><b>Teen Parent Connections</b></p> <p><b>Who:</b> Pregnant &amp; parenting teens 19 &amp; younger</p> <p><b>Staff:</b> Social Workers</p> <p><b>Focus:</b> Assist teens with accessing perinatal care, provide education on childbirth and child development, and support with educational and self-sufficiency goals</p>	 <p><b>Trauma-Informed Approach to Public Health Nursing</b></p> <p><b>Who:</b> Pregnant and parenting families with a child 0-5 years who are Medi-Cal eligible and have experienced trauma</p> <p><b>Staff:</b> Public Health Nurses, Community Health Workers, &amp; Social Worker</p> <p><b>Focus:</b> Supporting parents to set and achieve goals that promote family health and resilience</p>	 <p><b>Nurse-Family Partnership</b></p> <p><b>Who:</b> Low-income first-time parents enrolled by 28 weeks of pregnancy; expanded eligibility for Native families</p> <p><b>Staff:</b> Public Health Nurses</p> <p><b>Focus:</b> Improving health outcomes, child health and development and increasing economic self-sufficiency</p>
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### Instructions for making referrals:

- Referrals are accepted from health care providers, schools, and other community agencies. Self referrals are welcome.
- Home visiting services are most effective when there is a “warm handoff” from the referring party. Please discuss with your client the benefits of home visiting and that you are making the referral.
- Complete the universal referral form to assist us in triaging your client into the most appropriate program. Provide as much of the requested information as you have available and are able to release according to your protocols.
- Fax the referral to **707-565-4430**. Contact us at 707-565-4440 if you have any questions or special concerns about your client.