## Rhode Island

Maternal and Child Family Home Visiting System

**Referral Form**

If you feel a pregnant woman or family would benefit from support or services in their home, please fax this form to the First Connections agency in their community, an Early Intervention program, or to RIDOH at 401-222-5688. See the back of this form for a list of agencies.

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| **1. Referral Source Information** |  |
| **Name of Referrer**  |  | **Date**  |  |  |
| **Agency / Provider**  |  | **Position Title**  |  |
| **Phone**  |  | **Fax**  |  |
| **Email**  |  |  |  |
|  |
| **2. Parent / Guardian Information** |
| **First**  |  | **Last Name**  |  |
| **Birth Date**  |  | **Relationship to Child**  |  |
| **First Time Mother □ Yes □ No** |  | **Due Date** |  |  |
| **Language – Primary**  |  | **Preferred** |  |  |
| **Street Address**  |  | **City, RI ZIP Code**  |  |  |
| **Mailing Address (if different) Same** |  | **City, RI ZIP Code** |  |  |
| **Home Phone** |  | **Cell Phone**  |  |  |
| **Email**  |  |  |
| **Preferred Contact Methods** | **□ Cell Phone** | **□ Home Phone** | **□ Text** | **□ Email** |  |
| **Insurance Type** | **□ Public** | **□ Private** | **□ None** |  |  |  |  |
| **3. Child Information** |  |
| **First Name**  |  | **Last Name**  |  |  |
| **Birth Date**  |  |  |  |  |
| **Street Address**  |  | **City, RI ZIP Code** |  |  |
|  |  |
|  |
| **4. Reason for Referral** |
| **□ Basic Needs** | **□ Breastfeeding Support** | **□ Child Development Questions** |
| **□ Community Resources** | **□ Comprehensive Evaluation (EI only)** | **□ Developmental Screening** |
| **□ Social and Emotional Support** | **□ New Parent**  | **□ Parent Education/Support** |
| **□ Other:**  |  |
|  |  |
| **Developmental Screening Results Sent with Referral? □ Yes □ No** | **Additional Attachments Included? □ Yes □ No** |
| **5. Consent to Refer and Release of Information** |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of parent/guardian) give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of program referred to) to share the results of this referral with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of referral source). Information shared will include verification that my referral is in process, whether my child or I are eligible, and enrollment status. This information is needed to help coordinate services for which my family may be eligible.** |
|  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Preferred Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**How to refer:**

#### There are multiple ways to refer a family to these services, there is no wrong door!

#### Fax the completed referral form directly to the agency, using the appropriate number below.

#### Fax the completed referral form directly the Rhode Island Department of Health at (401) 222-5688.

#### Call the Rhode Island Department of Health at (401) 222-5960 and ask to talk to someone about Family Visiting.

### Programs available include:

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| Early Head Start | First Connections | Healthy Families America |
| Nurse-Family Partnership | Parents as Teachers | Early Intervention |

### First Connections:

### If you feel a pregnant woman or family would benefit from support or services in their home, please fax this form to the First Connections agency in their community

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| --- | --- |
| **Agency** | **Community** |
| Children’s Friend401-721-6400 (phone)401-724-9251 (fax) | **East Urban Core**Central Falls, East Providence, Pawtucket |
| Community Care Alliance401-235-7000 (main line)401-235-6079 (direct line) 401-767-5240 (fax) | **Northern RI**Burrillville, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Scituate, Smithfield, Woonsocket |
| Family Service of Rhode Island401-519-2308 (phone)401-277-3388 (fax) | **West Urban Core**Cranston, Providence |
| South County Home Health Services401-782-0500 (phone)401-788-2064 (fax) | **Kent/Washington Counties**Charlestown, Coventry, East Greenwich, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Warwick, West Greenwich, West Warwick, Westerly |
| VNS Home and Hospice401-682-2100 (phone)401-682-2112 (fax) | **East Bay**Barrington, Bristol, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, Warren |

### Early Intervention:

If you have questions about a child’s development you may make a referral directly to Early Intervention for a comprehensive developmental evaluation by faxing this form to the Early Intervention provider of your choice.

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| **Children’s Friend**401-721-9200 (phone)401-729-0010 (fax) | Family Service of Rhode Island401-331-1350 (phone) 401-277-3388 (fax) | **Looking Upwards, Inc** 401-293-5790 (phone)401-293-5796 (fax) |
| **Community Care Alliance**401 235-6029 (phone)401-767-4099 (fax) | The Groden Center for Early Intervention401-525-2380 (phone)401-525-2382 (fax) | Meeting Street401-533-9100 (phone)401-533-9105 (fax) |
| **Easter Seals RI**401-284-1000 (phone)401-284-1006 (fax) | J. Arthur Trudeau Memorial Center401-823-17310 (phone) 401-823-1849 (fax) | Seven Hills RI401-921-1470 (phone)401-762-0837 (fax)  |