**Dakota County Referral to Family Health Home Visiting**

 **Fax to 651-554-6130 or Email referral to** PHIntake@co.dakota.mn.us

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| --- | --- |
| Referral Source/Phone:       | Date:      |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of clients/family members being referred** | **Birth Date** | **Sex** | **Race/****Ethnicity** | **Referral Reason** |
| First name: | M Initial | Last name: |  |  |  |  |  |
|  |  |  |  | **[ ]**  M**[ ]**  F |  | **[ ]**  PG, EDD: | **[ ]**  Postpartum |
|  |  |  |  |  |  | **[ ]**  Low Birth Weight | **[ ]**  Premature |
|  |  |  |  |  |  | **[ ]** Other:  |
|  |  |  |  | **[ ]**  M**[ ]**  F |  | **[ ]**  PG, EDD: | **[ ]**  Postpartum |
|  |  |  |  |  |  | **[ ]**  Low Birth Weight  | **[ ]**  Premature |
|  |  |  |  |  |  | **[ ]** Other:   |
|  |  |  |  | **[ ]**  M**[ ]**  F |  | **[ ]**  PG, EDD: | **[ ]**  Postpartum |
|  |  |  |  |  |  | **[ ]**  Low Birth Weight  | **[ ]**  Premature |
|  |  |  |  |  |  | **[ ]** Other:   |
|  |  |  |  | **[ ]**  M**[ ]**  F |  | **[ ]**  PG, EDD: | **[ ]**  Postpartum |
|  |  |  |  |  |  | **[ ]**  Low Birth Weight  | **[ ]**  Premature |
|  |  |  |  |  |  | **[ ]** Other:   |
| Foster Parent/ Guardian Name (if not the parent):  |
| Family Address:  |
| Phone:   | **[ ]**  cell **[ ]** home | Alternate Phone:  | **[ ]**  cell **[ ]** home |
| Client may be contacted by:  |
| **[ ]**  Phone **[ ]**  Text Cell Phone Carrier | **[ ]**  E-mail  |
| We may leave **[ ]**  Recorded message **[ ]**  Message with person  | Client / family aware of referral:  **[ ]**  Y **[ ]**  N |
| Language: | **[ ]**  English **[ ]**  Spanish **[ ]** Other:   | Interpreter Needed **[ ]**  Y **[ ]**  N | First time parent: **[ ]**  Y **[ ]**  N |
|  |
| Comments:  |
| ***Intake staff******processing only:*** | ***MA/Minnesota Care*** | ***PMAP*** | ***Private Insurance*** |
| Client Insurance Information |  | **[ ]**  yes [ ]  noPMI #  | PMAP # | **[ ]** UCare **[ ]**  BCBS**[ ]**  HealthPartners  | **Carrier:**      **ID:**        |
|  |  | **[ ]**  yes [ ]  noPMI #  | PMAP #  | **[ ]** UCare **[ ]**  BCBS**[ ]**  HealthPartners | **Carrier:**      **ID:**        |
|  |  | **[ ]**  yes [ ]  noPMI #  | PMAP #  | **[ ]** UCare **[ ]**  BCBS**[ ]**  HealthPartners | **Carrier:**      **ID:**        |
|  |  | **[ ]**  yes [ ]  noPMI #  | PMAP #  | **[ ]** UCare **[ ]**  BCBS**[ ]**  HealthPartners | **Carrier:**      **ID:**        |
| Open to other Dakota County Programs | **[ ]**  yes [ ] no  **[ ]**  E&EA **[ ]**  PH **[ ]**  SS:(**worker name**)  |
| Mother Primary/Reason | **[ ]**  AP **[ ]**  Par **[ ]**  PP2WK **[ ]**  PP3MO [ ] MVS-I [ ] MVS-C Other:       |
| Child Primary/Reason | **[ ]**  GRW [ ]  ASTH [ ] BDIS [ ] EHDI [ ] LEAD **[ ]**  FAP [ ] MVS-I [ ] MVS-C Other:        |
| Referral Destination:  | [ ]  NSC Family Health[ ]  WSC Family Health |  [ ]  NSC FH Rapid Response [ ]  WSC FH Rapid Response  |  **[ ]**  Child Passenger Safety |
| PH Doc #:  |  **[ ]**  Pending:   | Intake PHN:  |