Healthy Families Hillsborough
COMMUNITY REFERRAL
ATTN: Carmen Siegfried
Phone: (813) 514-0730

Please Fax: (813) 233-2795 or email: csiegfried@hstart.org, ajohns@hstart.org or fgonzales@hstart.org

Date:							
Parent/Participant Name:						**SSN:**	
DOB:		**Age:**		**Phone:**		**Alt Phone:**	
Address:						**ZIP:**	
(Circle) **Apartment Complex?**		**Y N**		**If so, Name of Complex and apartment number:**			
If pregnant, due date:			**If delivered, baby's DOB and hospital of delivery:**				

The following must be TRUE in order to refer (check each box as applicable) :	
	Family LIVES in Hillsborough County
	Family **DOES NOT HAVE** active, open Eckerd Case Management involvement
	Participant is **pregnant or gave birth within the past 2 months** (circle one)
	Participant has at least 2 - 3 of the following (circle all that apply): **Single.** **Crisis pregnancy.** **18 years old or younger.** **Received late, little or no prenatal care** **No high school diploma or GED** **Trouble paying bills.** **History of or current alcohol or substance abuse.** **Participant smoked cigarettes during the pregnancy.** **Current or history of Mental Health issues or counseling, including maternal depression.** **Any Children in the home under the age of 5 years old.** **Other people in the home with special needs**
	Participant speaks **a) Spanish or b) English** (circle one)
What interests **the family** in participating in a **voluntary** long-term home visitation program?	

Healthy Families is a paraprofessional, family support and primary prevention service. Healthy Families is a completely **VOLUNTARY** program. If you think this family needs more intervention than can be offered by Healthy Families, please call the Program Office to further discuss the referral, and to discuss other services that might be available in the community.

Person Referring:					
Referring Program:					
Email Address:					
Phone:		**Ext:**		**Fax:**	
Consent obtained from family?	**YES NO**				

REFERRAL OUTCOME				
Assess for HFH eligibility: (circle)	**Yes**	**No**	**If no, Reason:**	
Pending Enrollment? (circle)	**Yes**	**No**	**If no, Reason:**	
If pending enrollment, Site Supervisor contact:				
Phone:				