

Healthy Families Hillsborough

COMMUNITY REFERRAL

ATTN: Carmen Siegfried/April Johns

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PLEASE EMAIL REFERRAL TO: hfhreferrals@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) :							
<input type="checkbox"/> Family LIVES in Hillsborough County							
<input type="checkbox"/> Family DOES NOT HAVE active, open Eckerd Case Management involvement							
<input type="checkbox"/> Participant is pregnant or gave birth within the past 2 months (circle one)							
<input type="checkbox"/> Participant has at least 2 - 3 of the following (select all that apply, hold ctrl to select more than one) :							
Participant speaks:							
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:				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:				