

Coordinated-Intake Referral Form for St. Lucie County Home Visit Programs/Community Resources

Please complete email or fax to the Community Connect Office at: (772) 467-2018

****PLEASE HAVE THE CLIENT/GUARDIAN READ AND SIGN THE CONSENT SECTION OF THIS FORM****

Referred By: _____ Referral Date: _____
Agency: _____ Phone #: _____

Client's Name: _____ EDD: _____
(First) (Last)

DOB: _____ Age: _____ M / F (Gender)

Parent / Guardian's Name (if applicable): _____ DOB: _____

Address: _____ Apt #: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Medical Doctor: _____ Apt Date/Time _____

Race:	Primary Language:	Insurance:
<input type="checkbox"/> White	<input type="checkbox"/> English	<input type="checkbox"/> Private Insurance:
<input type="checkbox"/> Black	<input type="checkbox"/> Creole	<input type="checkbox"/> PEPW/Sobra
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Spanish	<input type="checkbox"/> Medicaid/Medicaid#:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Uninsured
		<input type="checkbox"/> Potential Voucher

Reason for Referral			
<input type="checkbox"/> <12 th grade	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Unmarried	<input type="checkbox"/> Lack of Support System	<input type="checkbox"/> Homeless	<input type="checkbox"/> Smoking
<input type="checkbox"/> No Prenatal Care	<input type="checkbox"/> High Stress Level	<input type="checkbox"/> Language Barrier	<input type="checkbox"/> History of STD's
<input type="checkbox"/> Unable to Access PNC	<input type="checkbox"/> Multiple Partners	<input type="checkbox"/> Considered Adoption/Termination	<input type="checkbox"/> Use of Drugs/Alcohol
<input type="checkbox"/> Medical Concern:		<input type="checkbox"/> Other Concerns:	
<input type="checkbox"/> Other Services:		<input type="checkbox"/> Other Agency on Case:	

****PLEASE HAVE THE CLIENT/GUARDIAN READ THE CONSENT AND SIGN BELOW****

Florida's Healthy Start is a voluntary program for pregnant women and infants up to age three. The program is based on need, not income. Immigration status does not matter. There is no cost for care coordination services, home visits or classes. If you agree to participate, a Healthy Start staff member will contact you to address any special needs you or your baby may have, and help you find services in your community that can meet those needs. At any time in the program, you can decline Healthy Start coordination, and this will not impact any services that you are receiving from your provider of care, or any other agencies you may be involved with.

I accept the invitation to participate in Florida's Healthy Start Program. I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Kids Connected by Design, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purpose of providing services, paying for services, improving quality of services or program eligibility. I also authorize specific health information which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information. This authorization remains in effect until revoked in writing by me.

Signature of Client

Date

The Healthy Start Coalition of St. Lucie County, Inc. is dedicated to improving birth outcomes by ensuring that all services needed to maintain a state of well-being are available and accessible to pregnant women, infants and children up to age three.