Connect
Connecting families to community programs

COORDINATED INTAKE AND REFERRAL FORM FOR ST. LUCIE COUNTY

FAX THIS FORM TO 772-467-2018
OR SEND ENCRYPTED EMAIL TO
CONNECT@HEALTHYSTARTSLC.ORG
WEBSITE:
WWW.HEALTHYSTARTSLC.ORG
Call Connect: 772-577-7788

CLIENT INFORMATION

Client (select one)
❍ Pregnant Woman Estimated Due Date _____
❍ Infant
❍ Interconceptional Woman (ICC) (Woman who had a loss or removal of infant within last 18 months.)

Insurance
Medical Insurance? ❍ Yes ❍ No
Medicaid ID #

First Name	Last Name	Date of Birth	Gender (if infant)

Physical Address	Apt	City	State	ZIP Code

Main Phone	Other Phone	Email	County

Preferred Language(s)
❍ English ❍ Spanish ❍ Creole
❍ Other _____

Race
❍ Black/African American ❍ White
❍ Other _____

Ethnicity
❍ Hispanic ❍ Non-Hispanic
❍ Haitian ❍ Other _____

PARENT/GUARDIAN INFORMATION (IF CLIENT IS INFANT)

First Name	Last Name	Date of Birth	Relationship to Child

RISK FACTORS (SELECT ALL THAT APPLY)

Pregnant Women
- ○ Potential Prenatal Voucher
- ○ First pregnancy
- ○ No Prenatal Care
- ○ Pregnant Teen
- ○ Pregnancy interval less than 18 months
- ○ Substance Use
  - ❑ History ❑ Current
  - ❑ Other member of the household
- ○ Tobacco Use
  - ❑ History ❑ Current
  - ❑ Other member of the household
- ○ Prior poor Birth Outcomes
  - ❑ Had a baby not born alive
  - ❑ Had a baby born more than 3 weeks before the due date
  - ❑ Had a baby weighing less than 5 lbs 8 oz

Infant
- ○ Low Birth Weight
- ○ Admitted to the NICU
- ○ Father is not involved
- ○ Tobacco exposure
- ○ Substance exposure
- ○ Growth or developmental delay
- ○ Chronic Illness or health problem
- ○ Incarcerated parent

ICC Women
- ○ Potential ICC Coupon
- ○ Child is not in the mother's guardianship
- ○ Pregnancy Loss
- ○ Stillbirth
- ○ Infant Death
- ○ Bereavement
- ○ Child placed for adoption

Additional Concerns
- ○ No Safe Sleep Environment
- ○ Domestic Violence
  - ❑ History ❑ Current
- ○ Mental Health
  - ❑ History ❑ Current
- ○ Other children under the age of 5 in the home
- ○ Homeless or unstable housing
- ○ Lack of support
- ○ < 12th grade education
- ○ Teen parent
- ○ Open DCF case
- ○ G.R.O.W. Doula Services
- ○ T.E.A.M. Dad Services

Additional Concerns:

REFERRING AGENCY INFORMATION

The client has consented to share the information on this form with and be contacted by **Connect**. The client consents that information can be shared with collaborating agencies. The client understands that this information will be confidential.

Signature of Client or Verbal Consent Obtained By (name):	Date

Referring Agency	Referring Person

Phone Number of Referring Agency	Fax Number of Referring Agency	Email Address of Referring Agency

Agency for Health Care Administration, State of Florida
Connect — Connecting families to community programs
Healthy Start Coalition of St. Lucie County — Every baby deserves a healthy start
Nurse-Family Partnership — Helping First-Time Parents Succeed
G.R.O.W. Doula
Florida Health
Helping People. Changing Lives. The Agricultural and Labor Program, Inc. — Community Action Partnership — America's Poverty Fighting Network
Healthy Families Florida — An affiliate of Healthy Families America — St. Lucie
St. Lucie County Children's Services Council — Our Children · Our Community · Our Future
T.E.A.M. DAD — Fatherhood Initiative of Florida — Healthy Start Coalition of St. Lucie County