Umatilla County	Morrow County
Fax: 541-278-5433	**Fax:** 541-676-5652
Call: 541-278-5432	**Call:** 541-676-5421
Email: health@umatillacounty.net	**Email:** health@umatillacounty.net

Prenatal, Maternal, and Child Services Referral

This is a shared referral form: ANY client referred will be connected to the appropriate Public Health or UMCHS program available in their county. Thank you for joining with us to serve our community!

Nurse Family Partnership Babies First! CaCOON Early Head Start/Early Head Start Classroom

Healthy Families/Family Spirit Early Head Start/ Head Start Home Visiting Family Support & Connection

WIC OHP

Today's date:_____ **EDD** (Estimated Delivery Date):_____

Person being referred:_____**DOB**: _____

Parent/Guardian name (if child):_____ Relationship:_____

Home Phone: ( )_____**Cell Phone**: ( )_____

Home Address:_____ **City, State, Zip**:_____

Primary Language (circle one) ☐ English ☐ Spanish

Client Consents to be contacted by any of the above programs: ☐ YES / ☐ NO

Please check all that apply:

- ☐ 1st pregnancy
- ☐ Newly pregnant needing assistance
- ☐ Teen parent
- ☐ Child with/at risk for developmental delays
- ☐ Parent with developmental delays
- ☐ Lack of adequate parenting skills
- ☐ Infant feeding/weight gain issues
- ☐ Challenging child behaviors
- ☐ Risk of maternal depression
- ☐ Isolation/lack of support
- ☐ Lack of client/patient follow through
- ☐ Domestic violence (present or history of)
- ☐ Tobacco/alcohol use
- ☐ Substance abuse- *describe below*
- ☐ Other-*describe below*
- ☐ Medical Condition:_____

Additional Info:_____

Referring Source Information:

Organization/Department: _____

Person/Provider submitting referral:_____

Phone Number:( ) _____ Fax Number: ( )_____ Email:_____

Do you need follow up information about client's enrollment into services? Yes ☐ No☐

Umatilla County
Fax: 541-278-5433
Call: 541-278-5432
Email: health@umatillacounty.net

Morrow County
Fax: 541-676-5652
Call: 541-676-5421
Email: health@umatillacounty.net

RESPONSE to Referral:

Referral assigned to:

Nurse Family Partnership Babies First! CaCOON Early Head Start/ Head Start Classroom
Healthy Families/Family Spirit Early Head Start/ Head Start Home Visiting Family Support & Connections
WIC OHP

Please contact referral partner listed below for further follow up:

Organization/Department: _____

Person/Provider assigned to client: _____

Phone number: _____ Fax number: _____

Notes: _____

_____

_____