**CHILD & FAMILY SERVICES NORTHEAST MICHIGAN**

Alpena/Alcona/ Montmorency Day One Program – REFERRAL FORM

Date \_\_\_\_\_\_\_\_\_\_\_ Name of Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Message)\_\_\_\_\_\_\_\_\_\_\_

Now Pregnant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB (Infant)\_\_\_\_\_\_\_\_\_\_\_\_

Referring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person making referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weight in lbs. | Sex | Nursery Care | Multi-births | GA | Apgars |
|  | M F | Inter NORM TRANS | Y N #\_\_\_\_\_\_\_ |  |  |

**Risk Factors** (Please check ALL that apply) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Positive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Negative

\_\_\_**Single, separated, divorced parent**  \_\_\_\_ Unstable/dangerous living conditions \_\_\_\_Criminal History

\_\_\_ Parent less than 18 years \_\_\_\_ At Risk of poor bonding/attachment \_\_\_\_Substance Abuse

\_\_\_ Lack of support system \_\_\_\_ **Late prenatal care/poor compliance** \_\_\_\_Lack of parenting skills

\_\_\_ No transportation \_\_\_\_ **Consideration of adoption/abortion** \_\_\_\_Education less than 12 years

\_\_\_\_ Financial difficulties \_\_\_\_ Limited Intellectual abilities (parent) \_\_\_\_Considered adoption/abortion

\_\_\_ History of CPS involvement \_\_\_\_Marital/family problems \_\_\_\_**History of/current depression**

\_\_\_\_\_Mother apathetic to instructions or keeping appointments

\_\_\_\_\_Limited emotional abilities (parent) History of psychiatric care

Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If HFA Day One is unable to enroll the family due to lack of eligibility or program capacity, is the family open to additional community referrals? ***Please have parent circle yes or no and initial their preference*Name of Program: Family Initial**

* Early Head Start Yes No \_\_\_\_\_\_\_\_\_\_\_
* Head Start Yes No \_\_\_\_\_\_\_\_\_\_\_
* Baby Pantry Yes No \_\_\_\_\_\_\_\_\_\_\_
* MIHP Yes No \_\_\_\_\_\_\_\_\_\_\_
* WIC Yes No \_\_\_\_\_\_\_\_\_\_\_
* Early On Yes No \_\_\_\_\_\_\_\_\_\_\_
* Family declines additional referrals to be made Yes No \_\_\_\_\_\_\_\_\_\_\_