

**Parent and Home Visitor Connection Referral Form**

Parent and Home Visitor Connection links pregnant women and parents with a child up to 36 months to voluntary home visiting and other community-based programs. Client is referred based on the Plan of Care below and contacted by outreach staff. If ineligible for those programs, the Parent and Home Visitor Connection will provide information for other community resources. This form is to be completed by the referring agency. Client being referred must sign the consent statement. Accurate completion will expedite referrals.

**Items with an asterisk (\*) are required. Please print neatly.**

**Today's Date:** \_\_\_/\_\_\_/\_\_\_

**\*Provider/Agency/Facility Making Referral:** \_\_\_\_\_

**\*Person Making Referral:** \_\_\_\_\_

**\*Title:** \_\_\_\_\_ **\*E-Mail:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_ **\*Fax:** \_\_\_\_\_

For office use only: Client ID #: _____
Referral Type: <input type="checkbox"/> Direct Referral <input type="checkbox"/> Staff Outreach <input type="checkbox"/> Self Referral

**Information About Client Who Is Being Referred**

**\*First Name:** \_\_\_\_\_ **\*Last Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**\*Street Address:** \_\_\_\_\_ **\*Apt #:** \_\_\_\_\_ **\*City/State/Zip:** \_\_\_\_\_

**\*Phone Number:** \_\_\_\_\_ **\*Other Phone:** \_\_\_\_\_

**Best time to reach by phone:**  Morning (8am-12pm)  Afternoon (12pm-5pm)  Evening (5pm-8pm)

**\*Primary Language Spoken:**  English  Spanish  Other: \_\_\_\_\_

<p><b>*If Client is Pregnant:</b> Date of expected delivery: ___/___/___ Estimated gestational age: ___ weeks Trimester currently in: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd First-time parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b>*If Client has an Infant/Child:</b> Child's DOB: ___/___/___ Child's age: _____</p>
<p><b>Race/Ethnicity:</b> <b>Is client Hispanic or Latino?</b> (choose one) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>What is client's race?</b> (choose one or more) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other-specify: _____</p>	<p><b>Identified Health/Risk Concerns:</b> <input type="checkbox"/> Alcohol or Other Drug Use <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Depression/Mental Health <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Transportation <input type="checkbox"/> Housing/Homelessness <input type="checkbox"/> Other (specify): _____</p>	<p><b>Current Health Insurance:</b> (check all that apply) <input type="checkbox"/> Uninsured <input type="checkbox"/> Private <input type="checkbox"/> NJ Family Care <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid PE <input type="checkbox"/> Medicaid MC (specify MCO): <input type="checkbox"/> AmeriGroup <input type="checkbox"/> Healthfirst NJ <input type="checkbox"/> Horizon NJ Health <input type="checkbox"/> UnitedHealthcare <input type="checkbox"/> None <input type="checkbox"/> Don't Know</p>

<p><b>Plan of Care</b> (choose services) <input type="checkbox"/> Home Visitation</p>	<p><b>Other Services Received or Eligible for</b> (check all that apply) <small>Already Enrolled Referral Needed</small></p> <table border="1"> <tr> <td>TANF/GA/EA</td> <td></td> <td></td> </tr> <tr> <td>Food Stamps</td> <td></td> <td></td> </tr> <tr> <td>WIC</td> <td></td> <td></td> </tr> </table>	TANF/GA/EA			Food Stamps			WIC		
TANF/GA/EA										
Food Stamps										
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**Additional Information (optional):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Client Being Referred (Autorización de Revelo del Cliente):**  
 I give my permission to share the information on this form with Central Jersey Family Health Consortium Parent and Home Visitor Connection. I understand I may be contacted by staff if more information is needed. If referrals are needed under the "Plan of Care" section above, I give my permission for staff to share my information with programs who provide those services and I understand I may be contacted by staff from those programs. *(Doy mi permiso para compartir la información de este formulario con Conexión de los padres y el visitante de casa. Entiendo que puedo ser contactada por el personal si necesitan más información. Si se necesitan referidos para el "Plan de Cuidado" en la sección arriba mencionada, le otorgo permiso al personal para compartir mi información con otros programas que provean esos servicios, y tengo conocimiento que puedo ser contactada por el personal de dichos programas.)*

Signature of Client Being Referred *(La firma del Cliente Referido)* \_\_\_\_\_ Date *(Fecha)* \_\_\_\_\_

## Free and Voluntary Programs for Maternal and Child Health

Clients may be referred to the following program(s) and contacted by outreach staff. If a client is ineligible for a program, information will be provided regarding additional community resources.

### HOME VISITATION PROGRAMS

#### **Nurse-Family Partnership (NFP)**

United Way of Central New Jersey, Visiting Nurse Association of Central Jersey

NFP is a national evidence-based nurse home visitation program that improves the health of low-income, first-time parents and their children who reside in Middlesex County and Somerset Counties. The program is voluntary and no cost to client. Enrollment to the program is early in the pregnancy (before the 28th week). NFP will work with the mother and family until the child is 2 years old. *Bilingual staff*

**32 Ford Avenue Milltown, NJ 08850**

**Phone: (732) 247-3727 ext. 36 Contact Person: Georgette Morgan-Caldwell**

#### **Healthy Families (HF)-TANF Initiative for Parents (TIP) Middlesex and Somerset County**

Central Jersey Family Health Consortium

HF is a free and voluntary home visitation program that provides education, support, and parenting skills to pregnant women and parents with infants who reside in Middlesex and Somerset Counties. The HF-TIP Program targets parents receiving TANF or GA benefits through the County Board of Social Services. HF participants may enroll during pregnancy until the child is 3 months old and HF-TIP participants may enroll until the child is one year old. *Bilingual staff*

**2 King Arthur Court, Suite B, North Brunswick, NJ 08902**

**Phone: (732) 937-5437 Contact Person: Myrna Torres**

#### **Healthy Families (HF), Perth Amboy**

Visiting Nurse Association of Central Jersey

HF Perth Amboy is a free and voluntary intensive home visitation program by specially trained Family Support Workers who provide education, support and parenting skills to parents and their children who reside in Perth Amboy. Referrals will be taken during the mother's pregnancy through the child's third month of life. HF Perth Amboy will work with the mother and family until the child is 3 years old. *Bilingual staff*

**313 State Street Suite 416 Perth Amboy, NJ 08861**

**Phone: (732) 362-8040 Contact Person: Jennifer Melara**

#### **Middlesex County Parents as Teachers (PAT) Program**

PRAB, Inc.

Middlesex County PAT Program is a free and voluntary home visitation program serving pregnant women and families with children 0-3 years of age. The program believes that parents are their children's first and most important teachers and provides services including education, support and referrals to community resources. Participants must reside in Middlesex County and may enroll until the child is 1 year old. *Bilingual staff.*

**90 Jersey Ave New Brunswick, NJ 08901**

**Phone:(732) 828-4510 ext: 120 Contact Person: Jacqueline Rivera**

#### **Somerset County Parents as Teachers (PAT) Program**

Somerset County Office of Youth Services, Central Jersey Family Health Consortium

Somerset County PAT Program is a free and voluntary home visitation program serving pregnant women and families with children 0-3 years of age. The program believes that parents are their children's first and most important teachers and provides services including education, support, and referrals to community resources. Participants must reside in Somerset County and may enroll until the child is 2 years old. *Bilingual staff*

**27 Warren Street Somerville, NJ 08876**

**Phone:(908) 704-6333 Contact Person: Caren Guardabascio**

#### **Parent-Child Home Program (PCHP)**

United Way of Central New Jersey

PHCP is a free and voluntary evidence-based home-based program serving families with children of 16-36 months who are at risk of educational disadvantage and reside in Middlesex County or Franklin Township. A trained Home Visitor visits a client's home for one-half hour two times per week. The Home Visitor brings a book or toy to the home and demonstrates its usage to promote early literacy skills, social emotional development, and stronger interaction between parent and child. *Bilingual staff*

**32 Ford Avenue Milltown, NJ 08850**

**Phone:(732) 247-3727 Contact Person: Sara Spatz**

Questions? Contact CJFHC Program Assistant at (732) 937-5437

Central Jersey Family Health Consortium