



Rhode Island
Maternal and Child Family Home Visiting System
Referral Form

If you feel a pregnant woman or family would benefit from support or services in their home, please fax this form to the First Connections agency in their community, an Early Intervention program, or to RIDOH at 401-222-5688. See the back of this form for a list of agencies.

1. Referral Source Information

Name of Referrer _____ Date _____
 Agency/ Provider _____ Position Title _____
 Phone _____ Fax _____
 Email _____

2. Parent / Guardian Information

First Name _____ Last Name _____
 Birth Date _____ Relationship to Child _____
 First Time Mother Yes No Due Date _____
 Language - Primary _____ Preferred _____
 Street Address _____ City, RI ZIP Code _____
 Mailing Address (if different) _____ City, RI ZIP Code _____
 Home Phone _____ Cell Phone _____
 Email _____

Preferred Contact Methods Cell Phone Home Phone Text Email
 Insurance Type Public Private None

3. Child Information

First Name _____ Last Name _____
 Birth Date _____
 Street Address _____ City, RI ZIP Code _____

4. Parent/Guardian of Minor Pregnant Woman Information

First Name _____ Last Name _____
 Language - Primary _____ Primary Phone _____
 Street Address _____ City, RI ZIP Code _____

Relationship to Pregnant Woman _____

5. Reason for Referral

Basic Needs Breastfeeding Support Child Development Questions
 Community Resources Comprehensive Evaluation (EI only) Developmental Screening
 Social and Emotional Support New Parent Parent Education/Support
 Other: _____

Developmental Screening Results Sent with Referral? Yes No Additional Attachments Included? Yes No

6. Consent to Refer and Release of Information

I, _____ (Name of parent/guardian) give my permission for _____ (name of program referred to) to share the results of this referral with _____ (name of referral source). Information shared will include verification that my referral is in process, whether my child or I are eligible, and enrollment status. This information is needed to help coordinate services for which my family may be eligible.

Signature: _____ Date: ___ / ___ / ____
 Preferred Program: _____

How to refer:

There are multiple ways to refer a family to these services, there is no wrong door!

1. Fax the completed referral form directly to the agency, using the appropriate number below.
2. Fax the completed referral form directly the Rhode Island Department of Health at (401) 222-5688.
3. Call the Rhode Island Department of Health at (401) 222-5960 and ask to talk to someone about Family Visiting.

Programs available include:

Early Head Start
Nurse-Family Partnership

First Connections
Parents as Teachers

Healthy Families America
Early Intervention

First Connections:

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Agency	Community
Children's Friend 401-721-6400 (phone) 401-724-9251 (fax)	East Urban Core Central Falls, East Providence, Pawtucket
Community Care Alliance 401-235-7000 (main line) 401-235-6079 (direct line) 401-767-5240 (fax)	Northern RI Burrillville, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Scituate, Smithfield, Woonsocket
Family Service of Rhode Island 401-519-2308 (phone) 401-277-3388 (fax)	West Urban Core Cranston, Providence
South County Home Health Services 401-782-0500 (phone) 401-788-2064 (fax)	Kent/Washington Counties Charlestown, Coventry, East Greenwich, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Warwick, West Greenwich, West Warwick, Westerly
VNS Home and Hospice 401-682-2100 (phone) 401-682-2112 (fax)	East Bay Barrington, Bristol, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, Warren

Early Intervention:

If you have questions about a child's development you may make a referral directly to Early Intervention for a comprehensive developmental evaluation by faxing this form to the Early Intervention provider of your choice.

Children's Friend 401-721-9200 (phone) 401-729-0010 (fax)	Family Service of Rhode Island 401-331-1350 (phone) 401-277-3388 (fax)	Looking Upwards, Inc 401-293-5790 (phone) 401-293-5796 (fax)
Community Care Alliance 401 235-6029 (phone) 401-767-4099 (fax)	The Groden Center for Early Intervention 401-525-2380 (phone) 401-525-2382 (fax)	Meeting Street 401-533-9100 (phone) 401-533-9105 (fax)
Easter Seals RI 401-284-1000 (phone) 401-284-1006 (fax)	J. Arthur Trudeau Memorial Center 401-823-17310 (phone) 401-823-1849 (fax)	Seven Hills RI 401-921-1470 (phone) 401-762-0837 (fax)