Healthy Families San Benito County™

SAN BENITO COUNTY
Public Health Services
Home Visiting Program Referral

351 Tres Pinos Rd., Ste A-202, Hollister, CA 95023 Office: (831) 637-5367 Fax: (831) 637-9073

Please complete the preliminary screening for the person you are referring:

☐ A San Benito County resident ☐ Pregnant **or** parenting a baby up to 3 months old

☐ Medi-Cal eligible ☐ Client is aware and consents to referral

Date: _____ Referring Agency/Person: _____

Contact Name: _____ Phone Number: _____ Fax: _____

Name: _____ DOB: _____ Language: _____

Ethnicity: ☐ African American ☐ Asian ☐ Hispanic ☐ White ☐ Other _____

Street Address: _____ City: _____ Zip Code: _____

Phone Number: _____ MediCal ☐ Yes ☐ No ☐ Other: _____

If pregnant, due date: _____ Partner/Father of Baby (if applicable): _____

If postpartum, Infant's Name: _____ DOB: _____

Birth Weight: _____ Gestational Age: _____ ☐ Male ☐ Female

Infant's Medical Provider: _____ Parent's Primary Care Physician: _____

First time parent? ☐ Yes ☐ No If no, age of other child(ren): _____

Annual Household Income: $_____ Number of Individuals in Household: _____

Reason for Referral: (Please include medical problems, social risk factors, concerns and safety issues)

_____

_____

_____

_____

_____

Important Information:

Participation in Healthy Families America – San Benito County is voluntary. Services are free of charge. Interest in the program does not guarantee eligibility or enrollment. Program staff will review each referral and contact families to discuss next steps.

Instructions:
Fax the completed referral form to: (831) 637-9073 or
Email referral to: CHVP@sanbenitocountyca.gov

For Internal Use Only - Referral Disposition: Received: _____ Accepted & Assigned: _____

Not accepted: _____ Date Date/Staff Initials

Date/Reason/Staff Initials