



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: _____