Yolo County Children's Alliance
& Child Abuse Prevention Council

www.yolokids.org

Healthy Families Yolo County™

Provider Referral Form

Mother's Name _____ D.O.B. _____
Address _____ City _____ Zip Code _____
Mother's Phone # _____ Email address: _____
Father's Name _____ D.O.B_____ Phone#_____
Clinic/Hospital _____
EDD (Expected due date) _____

Baby's name _____ D.O. B. _____ M/F Weight _____
Does the family have other children? ☐Yes ☐No

If yes, how many?_____ What are their ages?_____

Answer each of the following statements with T (true), F (false) or U (unknown).

_____1. Marital status: Single, Separated, Divorced
_____2. Partner unemployed
_____3. Inadequate income or no information regarding source of income
_____4. No permanent housing
_____5. No phone
_____6. No high school diploma or GED
_____7. Inadequate emergency contacts
_____8. History of substance abuse
_____9. Late prenatal, poor compliance
_____10. History of pregnancies/miscarriage
_____11. History of psychiatric care
_____12. Unsuccessful or terminated pregnancies
_____13. Relinquishment for adoption sought or attempted
_____14. Marital or family problems
_____15. History of or current mental health issues

Health Insurance *(check one)*
☐ *Medi-Cal*
☐ *Other*

Preferrred Language *(check one)*
☐ English
☐ Spanish
☐ Other _____

Race/Ethnicity Categories (*check*)
☐ Black or African American
☐ American Indian/Alaskan Native
☐ Asian
☐ Hispanic/Latino
☐ Pacific Islander
■ White – not of Hispanic Origin
Other/multi race or ethnicity:
_____

NOTES:

_____
_____
_____

Other reasons for referral:

☐ CPS Involvement
☐ Parent Support
☐ Teen Pregnancy
☐ Basic Needs
☐ Child Development Education
☐ Special Need _____
☐ Self-harming behavior
☐ Individual/Family Counseling

Referral Source Information

Referral source name & agency: _____

Referral has been discussed with family? ☐Yes ☐No Date: _____

Referral response requested? ☐Yes ☐No

Phone Number: _____Email address: _____

FAX COMPLETED FORM TO (530)753-7662 OR EMAIL WITH ENCRYPTION TO: MARISOL.ANDRADE@YOLOCOUNTY.ORG