Essex Pregnancy & Parenting Connection
Referral Form

THE ESSEX PREGNANCY AND PARENTING CONNECTION

* REQUIRED

PLEASE PRINT CLEARLY

*Date of Referral ___ - ___ - ___

Participant Information

*Last Name _____ *First Name _____ *Date of Birth ___ - ___ - ___

Street Address _____ City _____

*Zip Code _____ *County _____ Participant ID _____

Referral Agency Information

*Referral Agency Name _____

Name of Person making the Referral _____ Phone ___ - ___ - ____

Outreach Type ○ Agency ○ Self ○ Door to Door ○ Event (specify) _____ ○ Other _____

***Primary Language** *(Choose one)*
- ○ English
- ○ Spanish
- ○ Other _____

***Race** *(Choose one)*
- ○ Black
- ○ White
- ○ Asian
- ○ Native American
- ○ Multi-Racial
- ○ Alaskan/Pacific Islander
- ○ Other _____

***Ethnicity** Hispanic ○ Yes ○ No

***Health Insurance** *(Select all that apply)*
- ○ Medicaid PE
- ○ NJ Family Care
- ○ Medicare
- ○ Commercial/Private
- ○ Uninsured/Self Pay

Participant Contact Information

*Primary Phone ___ - ___ - ____

Alternate Phone ___ - ___ - ____

Email Address _____

***Preferred Contact Method** *(Choose one)*
- ○ Primary Phone ○ Email
- ○ Alternate Phone ○ Text

***At which phone number can we text you?**
- ○ Primary ○ None
- ○ Alternate

*Household Information

How many children live in your household?
(Write the number of children for each age group.)

- ____ 0-30 days
- ____ 1-12 months
- ____ 1-2 years
- ____ 3-5 years
- ____ 6-8 years
- ____ 9-14 years
- ____ 15-17 years
- ____ 18-19 years

Participant Is... (Choose One)

○ Preconceptional Woman	○ Pregnant Woman	○ Interconceptional Woman	○ Male
Has no children and has never been pregnant	*** First Time Parent?** ○ Yes ○ No *** In Prenatal Care?** ○ Yes ○ No *** Due Date** ___ - ___ - ___	*Previously pregnant and not currently pregnant. (Does not matter if woman has children.)* *** Age(s) of children needing services** 1. ___ 2. ___ 3. ___ ○ NA	*** Are you a Parent?** ○ Yes ○ No *** First Time Parent?** ○ Yes ○ No **Does your child live w/ you?** ○ Yes ○ No

Did you or a family member have any of these issues when you tried to get healthcare in the past? (Select all that apply)

- ___ No Insurance for myself
- ___ No Insurance for my children
- ___ No money for co-pays
- ___ Could not find a doctor
- ___ Could not get an appointment
- ___ Did not think going to the doctor was important
- ___ No transportation
- ___ No childcare
- ___ Could not miss work
- ___ No time
- ___ Staff was rude
- ___ Other _____

*** Participant Consent**

I agree to provide the information above and to have it forwarded as a referral to available service agencies in my community. I agree to be contacted, and for Improving Pregnancy Outcomes staff to follow-up with me or the agency to which I was referred to support my care.

○ **Oral consent given**

Signature of Participant

Sign _____ *Print* _____

Participants under the age of 18 understand that it is in their best interest to include a trusted adult in decisions related to health.

Program Use Only

Date Pregnancy Test Given ___ - ___ - ___

Pregnancy Test Positive? ○ Yes ○ No

Phone #: 973-621-9157 Fax #: 862-763-9222 Email: info@essexpregnancyandparenting.org

THE ESSEX PREGNANCY AND PARENTING CONNECTION

The Essex Pregnancy and Parenting Connection (EPPC) is part of the NJ Central Intake Initiative…partnering with families before and during pregnancy, infancy, and early childhood.

EPPC provides one single point of entry for referrals to family support services in Essex County. The client who is being referred will be contacted by EPPC, who will request additional information in order to provide referrals for needed community resources and services, including but not limited to:

Community Health Workers (SPAN IPO Initiative)
Evidence-Based Home Visiting programs
Local Family Success Centers
Other health and social support programs

For any questions about this form or the referral process, please contact The Essex Pregnancy and Parenting Connection at

(973) 621-9157 or info@essexpregnancyandparenting.org

Fax: (862) 763-9222

www.essexpregnancyandparenting.org

www.facebook.com/essexpregnancyandparenting