



Essex Pregnancy & Parenting Connection

Initial Contact Form

PLEASE PRINT CLEARLY

* Date of Referral

____ - ____ - ____

* Last Name

* First Name

* Date of Birth

* Street Address

* City

* Zip Code

* County

Participant ID

* Primary Language

(Choose one)

- English
 Spanish
 Other _____

* Race

(Choose one)

- Black
 White
 Asian
 Native American

* Ethnicity

Hispanic Yes No

- Multi-Racial
 Alaskan/Pacific Islander
 Other _____

* Health Insurance

(Select all that apply)

- Medicaid PE Medicare
 Medicaid MC Commercial/Private
 NJ Family Care 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

Married?

- Yes No

of Children in the home

Date(s) of birth of children needing services

Name of Child

Relationship

1. ____/____/____
 2. ____/____/____
 3. ____/____/____

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.)

* First Time Parent?

- Yes No

* Are you a Parent?

- Yes No

* First Time Parent?

- Yes No

Does your child live w/ you?

- Yes No

Reason for Referral - Household Needs

- Primary care for myself
 Primary care for my children
 Prenatal care

- Public benefits
 In-home parent support (home visiting)
 Assistance connecting to services (CHW)

- Group parent support
 Other _____

Referral Agency Information

* Referral Agency Name

Name of Person Making the Referral

Phone

Email Address

Phone Extension

Comments

Program Use Only

Date Pregnancy Test Given

____ - ____ - ____

Pregnancy Test Positive?

- Yes No

Outreach Type

- Agency Door to Door
 Self
 Event (Specify) _____

* 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 Community Based Services 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.

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



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 linkages to a range of family support services in Essex County. Referred clients will be contacted for additional information and then connected to needed resources and programs, including but not limited to:

- **Evidence-Based Home Visiting:** Offers free and voluntary in-home support to expecting families and those with young children; visits are tailored to the goals/needs of the family and include information and screenings on child development, parent-child and school-readiness activities, resources and referrals, and group activities.
- **Healthy Start:** Provides pregnant women and parents with children up to age 2 with health education workshops, case management and social services referrals, parent education, screening and counseling, and group activities.
- **Community Health Workers** (SPAN Improving Pregnancy Outcomes Initiative): Provide resources and referrals for various services, short-term case management, advocacy, peer mentor training, and education/support groups.
- **Family Success Centers:** Serve as local “one-stop” shops that provide wrap-around resources and supports for families before they find themselves in crisis.
- **Other health and social support programs:** Links to prenatal care, breastfeeding support, parent education groups such as Active Parenting, Circle of Security, Incredible Years, and more.

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

(973) 621-9157 or Text EPPC to 313131 or nino for Spanish to 313131

www.essexpregnancyandparenting.org

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