

Family Services Referral Form
(All services are FREE and VOLUNTARY)

A coordinator will contact the patient to discuss available services within seven business days.

REQUIRED SECTION

Parent/Guardian's Name:	Parent/Guardian's Date of Birth:
Child's Name:	Due Date/Child's Date of Birth:
Address: City: _____ State: _____ Zip: _____ Please check the patient's preferred method of contact __Phone: _____ __Text: _____ __Email: _____	Is the patient a first time parent? __YES or __NO Is the parent or child a Tribal Member? __YES or __NO
Please check any home visiting programs in which the patient is currently enrolled __Maternal Infant Health Program (MIHP) __Early Head Start __Healthy Families UP __Parents as Teachers __Family Spirit __Other (please specify): _____ __UP MOM	Currently enrolled in WIC? __YES or __NO Current Health Insurance Coverage? __Medicaid __Private __None
<u>Notes and Special Instructions:</u> 	

OPTIONAL SECTION

<u>Infant/Child</u> Birth Length _____ cm. Birth Weight: _____ gm. Head Circumference: _____ in Current Height _____ cm. Current Weight: _____ gm. Date taken: _____ Hemoglobin: _____ Date Taken: _____ Weeks Gestation: _____
<u>Pregnant/Postpartum Women</u> Height: _____ cm. Weight: _____ gm. Date taken: _____ Breastfeeding (or planning to): __YES or __NO Hemoglobin: _____ Date taken: _____ Date of 1st Prenatal visit: _____ Pre-Pregnancy Weight: _____ gm. Weight at Last Prenatal Visit: _____ gm.

SIGNATURES

I understand that this information may be shared with agencies who provide home visiting services, as well as my local Health Department WIC office, so they can contact me with information to help connect me to local services. Signing this form does not guarantee services. I understand that not all services may be available in my area.	
Parent/Guardian Signature: _____	Date: _____
Referring Agency Signature: _____	Date: _____

Referring Agency Instructions

Submit this referral form to the services coordination hub serving your county.

Marquette County Agencies:

Please fax or securely email completed form to:

Marquette County Health Department
Attn: MIHP/WIC Coordinator
Fax: 906-475-4435
Email: sengstrom@mqtco.com
Phone: 906-293-5453

Alger, Baraga, Delta, Dickinson, Gogebic, Iron, Keweenaw, Luce, Mackinac, Menominee, Ontonagon, and Schoolcraft County Agencies:

Please fax or securely email completed form to:

LMAS District Health Department
Attn: MIHP Coordinator
Fax: 906-341-5230
Email: lespinoza@lmasdhd.org
Phone: 906-324-6951 x125

Chippewa County Agencies:

Please fax or securely email completed form to:

Chippewa County Health Department
Attn: MIHP Coordinator
Fax: (906) 635-7081
Email: czimmerman@chippewahd.com
Phone: (906) 635-3577