

First 5 First Steps: Referral Form

Please fax referrals to the region where the family resides.
See back of this form for regional fax numbers and zip codes.

Please note: First 5 First Steps is a home visiting program that serves families who belong to one or more of the eligibility categories listed below. **First Steps accepts referrals for expectant parents or within two weeks postpartum.** See back of this form for details.

Eligibility Category: (check all that apply)		<input type="checkbox"/> Low-income (<200% FPL, see back for eligibility details)	<input type="checkbox"/> Refugee/immigrant family (foreign born parent)
		<input type="checkbox"/> Military: Child is dependent of active, reserve, guard, or veteran	<input type="checkbox"/> Pregnant or parenting teen (age 13-21)
Referral Date:		Referral sent: <input type="checkbox"/> Prenatally <input type="checkbox"/> Postpartum (up to 2 weeks)	
Referring Agency:		Referrer's Name:	
Referrer's Phone:		Referrer's Fax:	Referrer's Email:
Mother's Name:		DOB:	Primary Language:
Mother's Address:		City:	Zip Code:
Father's/Partner's Name:		DOB:	Primary Language:
Partner's Address: (check if same as Mother <input type="checkbox"/>)		City:	Zip Code:
Mother's Primary Phone:		Mother's Alternate Phone:	
OB/GYN:		Estimated Date of Delivery:	
Health Coverage: <input type="checkbox"/> Private <input type="checkbox"/> Tri-Care <input type="checkbox"/> Medi-Cal <input type="checkbox"/> None		Date Prenatal Care Began:	

If child has been born, please complete the following:

Child's Name:		DOB:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity:
Mother's first baby: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple births (twins, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No	Pediatrician:		
Premature (less than 37 weeks): <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, weeks gestation:		NICU: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how long?		

To be completed by referrer:

Based on your knowledge of the family, please indicate "True" if the statement applies to the mother or her partner.

1. Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
2. Has not completed high school or equivalent	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
3. Current or history of substance abuse	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
4. Lack of social support system	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
5. Termination of pregnancy unsuccessfully sought or attempted	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
6. Current or history of depression/anxiety or other psychiatric concerns	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
7. Current CWS involvement	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
8. History of domestic violence	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
9. Current domestic violence	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
10. Loss/death of previous child	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
11. Military Only: Past/present/upcoming deployment	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown
12. Military Only: Deployment history with combat	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Unknown

Comments: (any additional information about the family; attach additional sheets as needed)

☐ additional sheets attached

BELOW TO BE COMPLETED BY RECIPIENT

Recipient will confirm receipt of referral within 2 business days and provide a status update within 30 days.

First Steps Eligibility Screening		First Steps Services (for eligible clients only)	Referral Follow Up Tracking
<input type="checkbox"/> Client Screened	<input type="checkbox"/> Screening Scheduled	<input type="checkbox"/> Accepted First Steps Services	Date Receipt Confirmed:
<input type="checkbox"/> Eligible for First Steps	<input type="checkbox"/> Client Declined Screening	<input type="checkbox"/> Declined First Steps Services	Date Status Update Sent:
<input type="checkbox"/> Ineligible for First Steps	<input type="checkbox"/> Unable to Contact Client		

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Rev. 10/2013

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Referral Instructions

Fax the front side of this form and a signed First Steps Consent Form to the region where the family lives. See the zip code list below.

What Referred Families Can Expect

All families referred to First Steps will be contacted by phone to complete a New Baby Questionnaire (NBQ). The NBQ is a screening tool used to determine initial eligibility for the program.

Program Information

First 5 First Steps is a home visiting program that accepts referrals for expectant parents and parents of infants who are less than two weeks old. Families must meet at least one of the following eligibility criteria:

- Low income families (<200% of the Federal Poverty Level)
- Refugee/immigrant families (at least one parent was born outside of the United States)
- Military families (child is dependent of active, reserve, guard or veteran)
- Teen parents (age 13-21)

Please note that there are several other home visiting programs that serve families in San Diego County. Families who qualify for one of the following programs should be referred to that program instead of to First Steps.

- Nurse Family Partnership: First time mothers who are ≤28 weeks pregnant
- New Parent Support Program: Active-duty service members and their dependents prenatally through ages 3 – 5 (depending upon branch of service). Marine Corps serves through age 5.

Central Fax: 619.961.1025 Phone: 619.283.9624 x288	North Central Fax: 619.961.1025 Phone: 619.283.9624 x288	East Fax: 619.328.0638 Phone: 619.938.3239	North Coastal Fax: 760.739.2835 Phone: 760.739.3261	North Inland Fax: 760.739.2835 Phone: 760.739.3261	South Fax: 619.424.1046 Phone: 619.420.3620 x2105
92101 92130 92102 92131 92103 92134 92104 92136 92105 92139 92113 92140 92114 92145 92115 92161 92116 92182 92126	92037 92117 92093 92119 92106 92120 92107 92121 92108 92122 92109 92123 92110 92124 92111	91901 91948 91905 91962 91906 91963 91916 91977 91917 91978 91931 91980 91934 92019 91935 92020 91941 92021 91942 92040 91945 92071	92007 92057 92008 92058 92009 92067 92010 92075 92011 92081 92014 92083 92024 92084 92054 92091 92055 92672 92056	92003 92066 92004 92069 92025 92070 92026 92078 92027 92082 92028 92086 92029 92096 92036 92127 92059 92128 92060 92129 92061 92259 92064 92536 92065	91902 91950 91910 92118 91911 92135 91913 92154 91914 92155 91915 92173 91932

Program Eligibility Based on Federal Poverty Level

Family Size*	200% FPL
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020
6	\$61,940
7	\$69,860

*If the mother is currently pregnant, the family size does not include the baby.

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