EVERY CHILD SUCCEEDS REFERRAL FORM

Please complete the following and fax to **(513) 636-2460**
Questions? Call ECS at (513) 636-2830

1) **Is this the mom's first baby? yes or no**
   Is this the dad's first baby? yes or no

2) **Demographic Information for participating parent:**
   Parent's Name: ______________________________ Parent's DOB: _________________
   Street Address: ______________________________ Parent's SSN: _________________
   City, State: ______________________________ Parent's email: _________________
   Zip code: ______________________________
   County: ______________________________
   Phone #: ______________________________ Alternative #: ___________________
   Emergency contact: __________________________ Emergency contact #:______________

3) **Pregnancy and delivery information:**
   - Is the new mom: **Pregnant** or **Has Delivered**
   - If **prenatal**: _______ weeks EDD ______________
   - Receiving prenatal care yet? Yes No OB/GYN ______________________________
   - If mom has **delivered**: Child's name: ___________________________
   - Child's DOB: ___________ Is baby less than 12 weeks old? Yes No

4) **Please check all that apply:**
Participating parent is:
   Single/not legally married *(HANDS eligibility)*

   Low income (e.g. WIC, food stamps, Medicaid, etc) or no information on income

   Received late (after 12 weeks) or no prenatal care *(HANDS eligibility)*

   Young maternal age (under 18 years of age)

   Needs Interpretation Services Language: __________________

Person making referral: ___________________________ Date: ___________________
Name of Organization: ___________________________ Phone #:_________________
Fax #: ___________________

I consent to share the above information with Every Child Succeeds and request that ECS contact me to arrange an initial home visit. I understand that by signing this, I have no obligation to participate in the ECS program, and that even if I decide to participate I am voluntarily able to withdraw at any time.

___________________________ ___________________

Signature Date

02/14/17

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