



Community Health Worker Program / Healthy Families Jefferson County Program Referral Form

Please check the reason for referral and add details below:

- ☐ High need individual in need of insurance or a healthcare provider
☐ Woman that had a previous fetal/infant loss, preterm, or low birth weight baby
☐ High risk pregnancy (preeclampsia, gestational diabetes, obesity, etc.)
☐ Teenage or early age pregnancy (under the age of 21)
☐ Parenting challenges (single, inadequate income, complex social concerns, needing parenting classes)
☐ Infant weight checks ☐ Car seat safety check ☐ Breastfeeding support
☐ Other

Client's Name:

Client's Date of Birth:

Child's Name:

Child's DOB OR Estimated Due Date:

Phone Number:

Alternate Phone Number:

Address:

County (circle one): **Lewis** **Jefferson** **St. Lawrence**

Client Signature: _____

*By signing I agree to allow NCPPC programs to coordinate services with the referring agency. A referral with only verbal consent will be accepted by NCPPC, however, will not allow discussion between agencies.

Name of Person Making the Referral:

Date of Referral:

Agency making referral:

Phone/Fax Number:

Email:

Detailed Reason for Referral:

This section to be completed by NCPPC

Outcome of Referral:

Date Referral Source Notified:

NCPPC Staff Assigned:

Initial Date of Client Contact:

Please fax, email, or mail referral to:

North Country Prenatal/Perinatal Council
 ATTN: Referral Coordinator
 200 Washington Street, Suite 300
 Watertown, NY 13601
 Fax: 315-222-7348 / Phone: 315-788-8533
 referrals@ncppc.org