

**Referral Form**

All referred families will be engaged for Family Resource Center services and activities. Families referred for home visitation will be assessed for eligibility. A referral disposition will be provided within 45 working days.

| Referral Source Information              |                       |  |
|--|-----------------------|--|
| FRC Site*:                               | Date Referred:        | Inter-Agency Referral (B&B) <input type="checkbox"/> |
| Your name & position:                    | Agency/Organization:  |  |
| Address:                                 | Office #:             | Fax #:   |
| City and Zip Code:                       | Email:                |  |
| Date caregiver was notified of referral: | If not notified, why: |  |

| Family Information  |                |  |                |
|---|----------------|--|----------------|
| Parent/Guardian:  |                | Date of Birth:   |                |
| Address:  | Apartment #:   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Response |                |
| City:   | Zip Code:      |  |                |
| Phone #1:   | Phone #2:      | Phone #3 (work):   |                |
| Ethnicity: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander |                |  |                |
| Fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, specify language needed to receive services (select one):   |                |  |                |
| <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Russian <input type="checkbox"/> Dari <input type="checkbox"/> Farsi <input type="checkbox"/> Other:   |                |  |                |
| Mother pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Due Date:      | 1 <sup>st</sup> Time Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No              |                |
| List Children by age, youngest to oldest:   |                |  |                |
| Child A:  | Date of Birth: | Child D:   | Date of Birth: |
| Child B:  | Date of Birth: | Child E:   | Date of Birth: |
| Child C:  | Date of Birth: | Child F:   | Date of Birth: |
| Which of your children could benefit most from B&B Services?  |                |  |                |

**Family Strengths and Needs:**

|   |  |
|---|--|
| <b>Birth &amp; Beyond Services:</b><br><input type="checkbox"/> School Readiness <input type="checkbox"/> Home Visitation<br><input type="checkbox"/> Family Activities <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Social/Peer Supports<br><input type="checkbox"/> Parenting Workshops<br><input type="checkbox"/> Transportation as available<br><input type="checkbox"/> Bonding between Parent & Child<br><input type="checkbox"/> School Age Support | <b>Referrals Needed:</b><br><input type="checkbox"/> Child Care <input type="checkbox"/> Health Insurance<br><input type="checkbox"/> Counseling <input type="checkbox"/> Housing/Shelter<br><input type="checkbox"/> Employment <input type="checkbox"/> Legal Assistance<br><input type="checkbox"/> Financial/Other Public Assistance <input type="checkbox"/> Medical Access<br><input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Pregnancy/Prenatal Care<br><input type="checkbox"/> Substance Abuse (AOD) |
|---|--|

I authorize the release and exchange of confidential information and/or records to the Birth & Beyond program for the specific purpose of viewing my Department of Human Assistance CalWIN benefit information to determine program eligibility.

I DO NOT authorize the release and exchange of confidential information and/or records to the Birth & Beyond program

**Parent/Caretaker Name:** \_\_\_\_\_ **Parent/Caretaker Signature:** \_\_\_\_\_

STAFF ONLY: Parent/Caretaker granted verbal consent

|  |   |                           |
|--|---|---------------------------|
| <b>B&amp;B FRC STAFF ONLY:</b>   | <b>Date referral received:</b> / /  | <b>Received by Staff:</b> |
|  | <b>Date referral source notified:</b> / /   | <b>Family ID:</b>         |
|  | <b>Funding Source:</b> <input type="checkbox"/> Community Member <input type="checkbox"/> HFA/CalWORKs <input type="checkbox"/> First 5 <input type="checkbox"/> DCFAS              |                           |
|  | <b>Service Type:</b> <input type="checkbox"/> Home Visitation <input type="checkbox"/> DR Home Visitation <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> FRC |                           |
| <b>Referral Disposition:</b> <input type="checkbox"/> Engaged to receive services <input type="checkbox"/> Not engaged in services |   |                           |

**Please FAX or EMAIL Form and/or Telephone one of the following sites:**

| Birth & Beyond Family Resource Centers<br>Telephone, FAX, Locations, Geographic Areas and Zip Codes Served  |   |  |
|---|---|--|
| <b>Meadowview Family Resource Center</b><br>2251 Florin Road, Suite 158<br>Sacramento, CA 95822<br>Ph. 394-6300 Fax 394-6325                              | Courtland/River Delta, Elk Grove,<br>Freeport, Greenhaven,<br>Meadowview, South Land<br>Park/Broadway, Walnut Grove | 95822* 95831 95832*<br>95690 95818* 95758*<br>95615        |
| <b>Valley Hi Family Resource Center</b><br>7000 Franklin Blvd, Suite 820<br>Sacramento, CA 95823<br>Ph. 290-8281 Fax 422-0112                             | Coffing/Sheldon, Elk Grove, Florin,<br>Valley Hi  | 95823 95828 95829<br>95758*                                |
| <b>North Sacramento Family Resource Center</b><br>1217 Del Paso Blvd Suite B<br>Sacramento, CA 95815<br>Ph. 679-3743 Fax 679-3752                         | Gardenland, Natomas, North<br>Sacramento  | 95815* 95833 95834*  |
| <b>WellSpace Health's North Highlands<br/>Multi-Service Center</b><br>6015 Watt Avenue, Suite 2<br>North Highlands, CA 95660<br>Ph. 679-3925 Fax 679-3928 | Antelope, Citrus Heights, McClellan,<br>North Highlands, Rio Linda Foothill<br>Farms                                | 95652 95660 95673<br>95841 95843 95842<br>95610            |
| <b>La Familia Counseling Center</b><br>5523 34 <sup>th</sup> Street<br>Sacramento, CA 95820<br>Ph. 452-3601 Fax 452-7628                                  | Downtown, Fruitridge, Galt, Mather,<br>Meadowview, Mills/Walsh Station,<br>Oak Park                                 | 95814* 95817* 95820*<br>95824 95822* 95655<br>95827 95632* |
| <b>River Oak Family Resource Center</b><br>4625 44 <sup>th</sup> Street Room #36<br>Sacramento, CA 95820<br>Ph. 916-226-2725 Fax 916-609-4003             | Downtown, East Sacramento,<br>Fruitridge, Midtown, Oak Park,<br>South Land Park/Broadway                            | 95811 95814* 95816<br>95817* 95818* 95820*<br>95819        |
| <b>Folsom Cordova Community Partnership</b><br>10665 Coloma Rd., Suite 200<br>Rancho Cordova, CA 95670<br>Ph. 859-0045 Fax 361-8683                       | Alder Creek, Folsom, Mather,<br>Mills/Walsh Station, /Rancho<br>Cordova, Rosemont, Sloughouse                       | 95630 95655 95670<br>95742 95826 95827<br>95830            |
| <b>Firehouse Community Center</b><br>811 Grand Avenue, Suite A3<br>Sacramento, CA 95838<br>Ph. 927-7694 Fax 564-8443                                      | Del Paso/Hagginwood, Natomas,<br>North Sacramento   | 95815* 95838 95834*  |
| <b>Arcade Community Center</b><br>2427 Marconi Ave Suite 203<br>Sacramento, CA 95821<br>Ph. 514-8096 Fax 993-6218   | Arden, Arden Arcade   | 95821 95825  |

\*indicates shared zip code

| Referral/Service Type  | Description   |
|--|---|
| <b>B&amp;B HV</b><br>(Birth & Beyond Home Visitation)  | Mother is pregnant or has a child 0-12 years old. Does not have open CPS case. Home visitation services are offered until child reaches 12 years.   |
| <b>B&amp;B FRC</b><br>(Family Resource Center)   | FRCs offer Effective Parenting workshops, crisis intervention services, information/referrals, transportation, playcare and more.   |
| <b>Family Support Initiative</b><br>(Home Visitation utilizing the Healthy Families America model) | First time parent is pregnant or has a child under 24 months. Family is receiving CalWORKs benefits (WTW, Cal-Learn, Child-Only cases, other CalWORKs programs). Does not have open CPS case. |