

**\*Required to process referral; please print clearly or type.**

Referral Source Information	
Name:	Title:
Agency Name:	Phone Number:
Address:	Zip Code:
Referral Email:	Date of Referral:

Participant Information		
*First Name:	*Last Name:	
*Address:	*Zip Code:	
Does Participant have reliable transportation? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<b>Contact Information:</b> Preferred Contact Number: Okay to Text: <input type="checkbox"/> YES or <input type="checkbox"/> NO Secondary Contact Number:		Email Address:
*DOB:	*If Pregnant, Due Date:	*Rochester Regional Health MRN:
Insurance Type:	Insurance Policy/CIN#:	

Medical Information	
*Name of OB Practice/Provider:  Phone:	*Youngest Child's Birthday: ____/____/____ Month/Day/Year
<b>Current Health Concerns:</b> <input type="checkbox"/> Mental Health <input type="checkbox"/> Drug/Alcohol Use <input type="checkbox"/> High Risk Pregnancy <input type="checkbox"/> History of Perinatal Mood Disorder Please list other agencies the family is working with:	<b>Social Determinants of Health:</b> <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Homeless <input type="checkbox"/> No Income <input type="checkbox"/> No support/Isolation

Requested Services at Healthy Moms (check all that apply): <i>Unless indicated below, all services available through child turning 48 months (4 years old)</i>	
<input type="checkbox"/> <b>Pregnancy Education</b> - 8 week class for pregnant individuals; enroll before 28 weeks gestation	<input type="checkbox"/> <b>Postpartum Classes</b> - 6 week class; enroll before infant is 3 months old <i>Additional classes (enrollment criteria for Postpartum Class above does not apply) please circle any interested in: Parenting, Goal Setting, Financial Fitness, Newborn Care, Meditation</i>
<input type="checkbox"/> <b>Behavioral Health Counseling</b> (ages 18+)	<input type="checkbox"/> <b>Babies 1<sup>st</sup> Community Health Worker Program</b> - services available until child turns 2 years old; does not require active insurance; moderate to high risk pregnancy or parenting a child less than 3 months old; Monroe/Wayne County resident; must have RRH provider
<input type="checkbox"/> <b>Project Independence Job Training Program</b> (ages 18+) – preparation for competitive employment and/or higher education; ready to enter work or school within 6-12 months	
<b>GRHHN Health Home Care Management</b> – active Medicaid or Medicaid HMO; 2 or more chronic medical/BH conditions (1 condition appropriate in some circumstances)	<b>GRHHN Care management referral must be completed by referral source or client at: <a href="https://referral.grhhn.org">https://referral.grhhn.org</a> and list “Healthy Moms” as desired program</b>  <b>** Participants cannot be enrolled in HHCM and CHW program – must choose one **</b>