



HOME VISITING REFERRAL FORM

Complete this form and fax it to 302-295-5988 or email HelpMeGrow@uwde.org.
Potential clients can self-refer by calling 211 or texting their ZIP code to 898-211.



(DATE OF REFERRAL)

(CLIENT NAME)*

(DATE OF BIRTH)*

(IF EXPECTING, WHAT IS THE ESTIMATED DUE DATE?)

(EMAIL ADDRESS)*

(ADDRESS)

(ADDRESS 2)

(CITY)

(ZIP)*

(PREFERRED PHONE)*

☐ Landline ☐ Cell

(NAME)

(ALTERNATE PHONE)

☐ Landline ☐ Cell

Preferred Method of Communication*

☐ Client prefers text ☐ Client prefers phone call ☐ Client prefers email

(DAYS/TIMES THAT WORK BEST)

(CHILD NAME)

(CHILD DATE OF BIRTH)

Primary Language* ☐ English ☐ Spanish ☐ Creole ☐ Other: _____
(OTHER LANGUAGE)

Race* ☐ African American ☐ Asian ☐ Biracial ☐ Caucasian ☐ Hawaiian / Pacific Islander

☐ Latin ☐ Native American ☐ Other: _____
(OTHER ETHNICITY/RACE)

Does the client receive any of the following?

☐ Medicaid ☐ TANF ☐ Food Stamps ☐ WIC ☐ Unknown

Potential Risk Factors to Consider for Making a Referral* (please check those that apply):

- | | | |
|---|---|--|
| ☐ Teen parent | ☐ Low income | ☐ Death in the immediate family |
| ☐ Child w/ disability or chronic health condition | ☐ Recent immigrant or refugee family | ☐ Foster care or other temporary caregiver |
| ☐ Parent w/ disability or chronic health condition | ☐ Substance use disorder | ☐ Military deployment |
| ☐ Parent w/ mental health issue(s) | ☐ Housing instability | ☐ Parent incarcerated during the child's lifetime |
| ☐ Low educational attainment | ☐ Very low birth weight | |
| | ☐ Intimate partner violence | |
| | ☐ Child abuse or neglect | |

REFERRING PERSON*

☐ Self ☐ Agency
☐ DFS ☐ Other

(NAME OF PERSON OR CASEWORKER)

(PHONE)

(EMAIL)

(AGENCY)

If DFS, do you have parental consent to share the family service plan?

☐ Yes ☐ No

If referral is under 18:

(PARENT OR LEGAL GUARDIAN)

Is it OK to contact this person in reference to this referral?

☐ Yes ☐ No

(PHONE)



Attachment &
Biobehavioral
Catch-up



EARLY
HEAD START



Healthy Families
America



Nurse-Family
Partnership
Helping First-Time Parents Succeed



parents as teachers



DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health