



# Referrals to Services

Client ID  Client Name  DOB

Date  Nurse Home Visitor ID  Nurse Home Visitor Name

REFERRALS:		
Client	Child	Services
		<b>Financial Assistance</b>
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		<b>Crisis Intervention</b>
		6. Intimate Partner Violence
		7. Child Protective Services
		<b>Mental Health</b>
		8. Mental health treatment or therapy
		9. Relationship counseling
		<b>Substance Abuse</b>
		10. Smoking Cessation
		11. Alcohol Abuse
		12. Drug Abuse
		<b>Health Care</b>
		13. Medicaid
		14. SCHIP (State Children's Health Insurance Program)
		15. Private insurance
		16. Military insurance (Tricare)
		17. Indian Health Service
		18. Children with Special Health Care Needs
		19. Primary care provider – sick client
		20. Primary care provider – well client - prenatal
		21. Primary care provider – well client - postpartum
		22. Primary care provider – well client - well-women care
		23. Primary care provider – sick child
		24. Primary care provider – well child
		<b>25. Developmental Disabilities (Adult)</b>
		<b>26. Early Childhood Intervention</b>
		<b>27. WIC</b>
		<b>28. Child Care Referral Services</b>
		<b>29. Job Training and Employment</b>
		<b>30. Housing</b>
		<b>31. Transportation</b>
		<b>32. Injury Prevention (car seat, smoke alarms, etc.)</b>
		<b>33. Child birth education classes</b>

## Referrals to Services

Client	Child	Services
		<b>34. Lactation support</b>
		<b>Educational Programs</b>
		35. GED/Alternative High School
		36. Further education beyond high school
		<b>37. Charitable Services (food bank, clothing, furniture, etc.)</b>
		<b>38. Legal Services</b>
		<b>39. Paternity</b>
		<b>40. Child Support</b>
		<b>41. Adoption Services</b>
		<b>42. Dental Services</b>
		<b>43. Other, specify:</b>