



FAMILY HEALTH PROGRAMS

NURSE-FAMILY PARTNERSHIP & FIELD NURSING



Santa Cruz County Health Services Agency

Family Health Unit

1060 Emeline Ave., Santa Cruz, CA 95060

Tel: (831) 454-4339

New Fax: (831) 454-3311

Email: familyhealth@santacruzcounty.us

Eligibility Criteria:

1. Pregnant and/or parenting an infant/child birth to 5 years of age, and
2. Resides in Santa Cruz County.

Clients will be considered for both the Nurse-Family Partnership and Field Nursing Programs.

REFERRAL SOURCE										
Name/Title					Agency/Department					
Today's Date		Phone Number			Fax Number			Email Address		
PARENT INFORMATION										
Is the pregnancy confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Last Name				First Name				Date of Birth		
Address <input type="checkbox"/> check box if this is a mailing address					City			Zip Code		
Cell Phone Number <input type="checkbox"/> Ok to text					Secondary Number / Message Number					
Due Date		Gravida	Para	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			Health Coverage <i>(not used to determine eligibility)</i> <input type="checkbox"/> No Coverage <input type="checkbox"/> Medi-Cal # <input type="checkbox"/> Private Ins. <input type="checkbox"/> Other			
INFANT / CHILD INFORMATION										
Last Name				First Name				Date of Birth		
Last Name <small>(Additional Infant/Child Information)</small>				First Name				Date of Birth		
REASON FOR REFERRAL / RISK FACTORS										
Known / Suspected – Check all that apply										
<input type="checkbox"/> Domestic Violence / Unhealthy Relationships					<input type="checkbox"/> Medically High Risk / Medical Follow-Up Needed					
<input type="checkbox"/> First Time Mom / First Time Parenting					<input type="checkbox"/> Perinatal Mental Health / Behavioral Health Concerns					
<input type="checkbox"/> Grief/Fetal Loss					<input type="checkbox"/> Pregnant / Parenting Teen					
<input type="checkbox"/> Homelessness / Housing Insecurity					<input type="checkbox"/> Premature Birth <i>(under 36 weeks)</i>					
<input type="checkbox"/> Inconsistent / Late-Entry / No Prenatal Care					<input type="checkbox"/> Substance Abuse / Exposure					
<input type="checkbox"/> Infant / Child Growth / Developmental / Feeding Concerns					<input type="checkbox"/> Other					
COMMENTS / ADDITIONAL INFORMATION										