

Welcome Baby

Yolo County

Helping to build family resiliency in Yolo County through comprehensive support after the birth of a new baby

Referral to the Welcome Baby Program

(Please fax the completed form to 530-204-5248)

Date: _____ Referring Agency/Office: _____

Referred by: _____ Phone: _____

Client/ Patient Information:

I am referring: _____
(Birthing person's first and last name)

Address _____ unstable housing

City: _____ ZIP Code: _____

Cell Phone: _____ Alternate Phone: _____

Best Time to Call: _____ OK to send text? YES NO

Language Preferred: English Spanish Other: _____

Client's Date of Birth: _____ Delivery Date: _____

*****OPTIONAL*****

I give permission for a representative of Welcome Baby to contact me regarding possible enrollment in the Welcome Baby program.

Yo autorizo que un representante de Welcome Baby se comunice conmigo sobre la posibilidad de inscribirme en el programa Welcome Baby.

My decision to participate in the Welcome Baby Program is voluntary and will not affect my eligibility to receive any other services. *Mi decisión de participar es voluntaria y no afectará mi elegibilidad para recibir otros servicios.*

Printed Name/Nombre: _____

Signature/Firma: _____ Date/Fecha: _____

Urgent? Yes No Reason: _____

Additional Comments: _____
