

Instructions: Please complete the first page of this form by checking the box that best fits the primary caregiver's situation at the time of referral. Leave box(es) blank if you don't know the information. Primary caregiver's name and contact information must be included to process the referral. Please discuss this referral with the primary caregiver and have them sign the referral on the second page or check the box for verbal consent if client is unable to sign. Send completed form to the R2R Project Manager via encrypted email at anns@communicarehc.org or via fax to (530)-204-5248.

Referring Party:

Date of Referral: _____	Referral Agency: _____
Referring Person: _____	Phone/Email: _____

Primary Caregiver's Contact Information:

Name: _____	DOB: _____	Gender: _____
(Last)	(First)	
Address: _____		
(Street)	(City)	(Zip)
Phone: _____	Prefer Contact By: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email: _____	
Preferred Language: _____	English Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Information:

Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, due date: _____	If no, child's DOB: _____
Week started prenatal care with current/most recent pregnancy: <input type="checkbox"/> <14 weeks <input type="checkbox"/> 14-27 weeks <input type="checkbox"/> 28+ weeks/none		
Primary Caregiver's Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/> Medi-Cal: (#) _____		
Primary Care/Medical Home and location: _____		
Receiving CalWORKs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, CalWORKS CalSAWS case #: _____		

Reason for Referral:

Consent Statement:

Authorization of Release: I give permission for representatives from First 5 Yolo and its contracted home visiting and navigation agencies, including CommuniCare Health Centers and the Yolo County Children’s Alliance, to contact me regarding enrollment into The CHILD Project: Road to Resilience. Additionally, if I potentially qualify for the California Department of Public Social Services CalWORKs Home Visiting Program (HVP), my CalWORKs participation information may be viewed by Yolo County CalWORKs HVP personnel to determine eligibility for HVP enrollment.

I hereby authorize _____ (**referring party**) to submit my personal information, including my name, date of birth, gender, contact information, and certain medical and social services information specified on page one of this referral form, to First 5 Yolo and its contracted home visiting and navigation agencies for services through The CHILD Project: Road to Resilience. I understand that representatives from The CHILD Project: Road to Resilience may share information back to the referring party to include only an update on the status of my referral and my acceptance of services. I understand that my authorization will remain effective for one year from the date of this referral, and that the information will be handled confidentially in compliance with all applicable local, state and federal laws.

Declaración de consentimiento:

Autorización de divulgación: Doy permiso para que los representantes de First 5 Yolo y sus agencias de navegación y visitas domiciliarias contratadas, incluyendo a CommuniCare Health Centers y Yolo County Children’s Alliance, se comuniquen conmigo con respecto a la inscripción en The CHILD Project: Road to Resilience. Además, si es posible que califique para el programa de visitas domiciliarias de CalWORKs del Departamento de Servicios Sociales Públicos de California (CalWORKs HVP), el personal de CalWORKs HVP del condado de Yolo puede ver mi información de participación en CalWORKs para determinar la elegibilidad para la inscripción en el programa CalWORKs HVP.

Por la presente autorizo a _____ (parte que hace la recomendación) a enviar mi información personal, incluyendo mi nombre, fecha de nacimiento, género, información de contacto y cierta información de servicios médicos y sociales especificada en la primera página de este formulario de recomendación, a First 5 Yolo y sus socios contratados que proveen navegación y visitas domiciliarias a través del proyecto CHILD, camino a la resiliencia (*The CHILD Project: Road to Resilience*). Entiendo que los representantes de The CHILD Project: Road to Resilience pueden compartir información con la parte remitente para incluir solo una actualización sobre el estado de mi referencia y mi aceptación de los servicios. Entiendo que mi autorización permanecerá vigente durante un año a partir de la fecha de esta remisión, y que la información se manejará de manera confidencial conforme a todas las leyes locales, estatales y federales aplicables.

Client Signature/Firma del Cliente

Date Signed/Fecha de la firma

Relationship to child/ Relación con el niño/a

Not signed: Verbal Consent Given