Sutter County Public Health
Home Visiting Program Referral
1445 Veterans Memorial Circle, Yuba City CA 95993

Healthy Families Sutter County™

Please complete the screening to ensure the person you are referring meets eligibility requirements:

- ☐ A Sutter County resident
- ☐ Medi-Cal eligible
- ☐ Pregnant ***or*** parenting a baby up to 2 months old
- ☐ Client is aware and consents to referral

For CalWORKS staff only:

- ☐ WTW Eligible
- ☐ Child-Only
- ☐ Cal-Learn

Date: _____ Referring Agency:_____

Contact Name:_____ Phone Number: _____ Fax: _____

Name: _____ DOB: _____ Language: _____

Ethnicity: ☐White ☐Hispanic ☐Asian ☐African American ☐Other _____

Street Address: _____ City:_____

Phone Number: _____ MediCal #: _____

If pregnant, due date: _____ Partner/Father of Baby (if applicable): _____

If postpartum, Infant's Name: _____ DOB: _____

Birth Weight: _____ Gestational Age: _____ ☐Male ☐Female

Infant's Medical Provider: _____ Parent's Medical Provider: _____

First time parent? ☐Yes ☐No If no, age of other child(ren): _____

Reason for Referral: (Please include medical problems, social risk factors, concerns and safety issues)

_____

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Instructions:
Fax the completed referral form to: (530) 822-7223
Please call to ensure receipt of referral: (530) 822-7215

For Internal Use Only - Referral Disposition:
Accepted & Assigned: _____ Date/Staff Initials
Received: _____ Date
Not accepted: _____ Date/Reason/Initials