



HEALTHY FAMILIES NEW YORK HAVE BEEN PARTNERING WITH MOMS AND DADS IN CLINTON COUNTY OVER 20 YEARS. WE HAVE INFORMATION REGARDING PREGNANCY AND BRAIN DEVELOPMENT THAT MAY BE USEFUL IN RAISING, "HAPPY, HEALTHY, SAFE SCHOOL-READY CHILDREN". YOUR ANSWERS ARE CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE. FOR MORE INFORMATION PLEASE CALL 518-563-8206 EXT. 2184

Referral for Services

What We Need from You:

Name: _____ D.O.B _____
 Race/ Ethnicity: _____ Gender: _____
 Phone Number(Work/Cellphone): _____ Email: _____
 Physical Address: _____

Quick Facts on Your Baby and Services:

When are you due/ When was the baby born: _____
 When did you receive prenatal care (circle): 0- 12 weeks 13-24 weeks 25-40 weeks
 How many children are in your home: _____
 What do you do for a living: _____
 Which support systems do you have right now?(circle) :
 Partner Spouse Parents Grandparents Friends Community Services
 Which services would you like information about?(circle):
 WIC SNAP(food stamps) TANF (cash) HUD HEAP TASA SSI/SSD Medicaid Family/Child Health Plus Counseling Drug/alcohol
 support services
 Which services do you receive now?(circle):
 WIC SNAP(food stamps) TANF (cash) HUD HEAP TASA SSI/SSD Medicaid Family/Child Health Plus Counseling Drug/alcohol
 support services
 Where did you complete this form? _____

My signature gives Healthy Families New York North Country permission to contact me by e-mail, phone, text, and/or mail to share information with me about the program. (If there is no signature, we will not contact you) Thank you!
 (If you are not living with your baby's other biological parent and would like him to learn more about our program please check 'Yes' below. If you are okay with receiving text messages at the number provided check 'Yes' below. If we find that another service like Early Headstart or Headstart would also be appropriate check 'Yes' to sharing this referral with them.)

Signature: _____

- Yes, Please send me a form for my baby's other biological parent to fill out so that information can be sent to that address.
- Yes, You may send text messages to the cellphone number provided above.
- Yes, You may send this referral information to Early Headstart/Headstart

If you filled this form out on behalf of someone please leave your contact info: _____
 (If possible, please send to our secure fax (518)-324-4497 or secure email epiper@bhsn.org)

