Inter-Agency Referral Form

Date of Referral: _____/_____/_____

From:	**To**:
Agency/Organization Name: Staff Name:	Agency/Organization Name: Staff Name:

A. General Information

Child(ren):

Name:	DOB:	Age:
	/ /	
	/ /	
	/ /	

Primary Caregiver:	DOB: / /	Age:
Street Address:	City:	
Phone: ( ) -	Pregnancy: Y or N	Postpartum: Y or N

Reason for Referral:

Needs Identified by Family:

Consent to Refer for Services Caregiver Signature: Date:

What times would the family prefer to visit? (please circle all that apply)

9:00am-12:00pm 12:00pm-4:00pm After 4:00pm

B. Asthma

Do any of the children have asthma? If yes, please fill out this box. If No, Please move on to Section C.

Child(ren)'s Provider:	
Last ED Visit/Hospitalization/urgent care visit due to asthma (if known): / /	
Asthma Control Test (ACT) score (if known):	Date of ACT: / /
Concerns about the Child(ren)'s asthma:	

C. Community Resources

Is the family involved with any other Community Agencies? Please check below

	School		CPS
	Mental Health Services		Opportunity Resources
	Social Security		Child Developmental Center
	Flathead Valley Chemical Dependency		WIC
	Family Court Services		Probation
	Head Start		Sunburst
	Baby Steps/Flathead City-County Health Dept.		Nurturing Center
	Other:		

Please return this form to:

Flathead City-County Health Department

Phone: 751-8110 Fax: 751-8111

HEALTHY MONTANA FAMILIES
GROWING • LEARNING • THRIVING • TOGETHER

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SafeCare
Stronger Families | Brighter Futures

Great Referrals:

- Child who is 0-5 years of age
- Family would benefit from understanding appropriate Health Care use (accessing the ER/accessing local clinics)
- Questions about Home Safety/Appropriate level of parental supervision
- Parent could use further resource referral

Program Highlights:

- Covers Parent/Child Interaction, Safety, Health
- 6 month Home Connections program
- Promotes Healthy literacy and provides Health Manual and free First Aid Kit
- Referral out to other community resources (e.g. Presumptive Medicaid)
- Promotes developmentally appropriate care, interaction and parental supervision

Parents as Teachers™

Great Referrals:

- Ages 0 thru 3
- Family displays difficulty or desires additional support in meeting the health/safety/developmental needs of the child
- Parent may benefit from further community connections/resource referral

Program Highlights:

- Increase parent knowledge of early childhood development and improve parenting practices
- Provide early detection of developmental delays and health issues
- Improve school readiness and school success.
- Supports and encourages parent involvement and parent child-interaction
- Long term home connections (2-3 years possible)

Baby Steps

Pregnant and Parenting Teens

Great Referrals:

- Pregnant Teens/Teen Parents
- Teenagers needing support during their pregnancy and with parenting skills

Program Highlights:

- Promotes parent's completion of high school or their GED
- Case management and family support services
- Referrals and linkages to prenatal care and reproductive health services
- Promotes use of quality childcare
- Promotes preventative health care for parents and child
- Nurturing, parenting, and life skills education and support services
- Father involvement and support services

Montana Asthma Project
Home Visiting

Great Referrals:

- Reside in Flathead County
- Age 17 or younger
- Have had at least 1 ER, Urgent Care visit, or hospitalization in the last 12 months
  - OR An Asthma Control Test score of less than 20

Program Highlights:

- 6 Home Visit contacts over the course of a year with an RN
- Detailed information on asthma medications and how to properly use them
- Home Assessment for environmental triggers and allergens and ways to reduce them
- Asthma friendly mattress and pillow covers for the child's bed/pillow
- HEPA-grade air filter if needed