



Healthy Families of Burnett County Home Visiting Program
Screening and Referral Form



FOR OFFICE USE ONLY Date Received: _____ 1st Contact: _____ DAISEY #: _____

DATE: _____

FULL NAME: _____ DOB: ___/___/___ AGE: _____

PREFERRED NAME: _____

GENDER: ___ Male ___ Female ___ Other: _____ Choose not to disclose

ETHNICITY: ___ Non-Hispanic ___ Hispanic ___ Other

PARENT RACE: ___ Native American ___ Asian ___ Black ___ Hawaiian ___ White ___ Other _____

PARTNER NAME: _____ DOB: ___/___/___ AGE: _____

PREFERRED NAME: _____

GENDER: ___ Male ___ Female ___ Other: _____ Choose not to disclose

PARTNER RACE: ___ Native American ___ Asian ___ Black ___ Hawaiian ___ White ___ Other _____

BABY RACE: ___ Native American ___ Asian ___ Black ___ Hawaiian ___ White ___ Other _____

Are you pregnant? ___yes ___no ___unknown If YES, due date: ___/___/___

IF NO, INFANT'S NAME: _____ DOB: ___/___/___

PRIMARY ADDRESS: _____ MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____ ADD TO EMAIL LIST? ___y ___N

ALTERNATE CONTACT NAME & NUMBER: _____

PREFERRED WAY TO CONTACT YOU: ___TEXT ___PHONE ___MAIL ___EMAIL

REFERRED BY: _____ AGENCY: _____

I give my permission to release this information to the Healthy Families of Burnett County Home Visiting, a program of the Burnett County Family Resource Center. I understand that I will be contacted by a Healthy Families of Burnett County Home Visiting staff person. I give permission for a Healthy Families of Burnett County Home Visiting Program staff person to also have contact with the agency making the referral in order to follow up on outcome of this referral.

I understand that a person from Healthy Families of Burnett County Home Visiting will be reaching out with information about voluntary programs and services offered to Burnett County residents.

Participant Signature: _____ Date: _____

Please fax referral form to: Burnett County Family Resource Center, Inc. 715-349-5331

Healthy Families of Burnett County Home Visiting Program

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Date:	Client Name:
Risk Factor	Definition
Low income family? __yes __no __unknown	A family whose total annual income before taxes is equal to, or less than, 200% of the Federal Poverty Threshold. AND/OR: if the family is receiving SSI, or if families qualify for Head Start, WIC Child Care subsidy, free/reduced lunch, TANF, Food Share, or BadgerCare.
Pregnant woman under 21 years? __yes __no __unknown	A current pregnancy occurring in a woman under 21 years.
History of child maltreatment or interactions with Child Welfare? __yes __no __unknown	Any documented, self-reported, or referred case of parent or caregiver who has a history of abuse or neglect or has had involvement with child welfare services, either as a child or as an adult.
History of substance abuse or need for treatment? __yes __no __unknown	A history of substance abuse or need treatment by mother, father/partner, primary caregiver, or anyone living in the household identified either by referral, self-report, or through a substance abuse screening.
Are users of tobacco products in the home? __yes __no __unknown	Use of tobacco products by anyone living in the home identified either by self-report or through a substance abuse screening. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bibis), non-combustibles (chew, dip, snuff, snus, and dissolvable), and electronic nicotine delivery systems (ENDS).
Have children at risk for, or have low academic achievement? __yes __no __unknown	Based on self-report, enrollees who have perceived themselves or their child(ren) as having low student achievement. Or mother or father/partner, or primary caregiver does not have high school diploma or GED and /or children 18 younger living in the household are referred or documented with risk for low academic achievement.
Have children with developmental delays or disabilities? __yes __no __unknown	A child 18 years or younger living in the household having developmental delays or disabilities documented or referred to Birth to 3, school early childhood programs, or medical records; or suspected of having developmental delays or disabilities based on the Ages and Stages Questionnaire (ASQ) or other screening processes.
Have family members that are serving in armed forces? __yes __no __unknown	Documented or self-reported mother, father/partner, primary caregiver, or other individual is a member (current or past) of any division of the armed forces and has a primary residence with the family.
Pregnant woman over age 21? __yes __no __unknown	A current pregnancy occurring in a woman 21 years or older.