



Use this form to refer pregnant women or parenting families with children ages 0-5 to early learning and family support programs in Marion and Polk counties. Services are most often delivered through home visits and/or classroom-based programs and designed to improve child health and development, increase school readiness, improve maternal health, and increase positive parenting practices.

Child:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Race/Ethnicity:	
Child:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Race/Ethnicity:	
Parent/Guardian:		DOB:		Relationship to child:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Race/Ethnicity:		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N		Due date:	
Parent/Guardian:		DOB:		Relationship to child:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Race/Ethnicity:		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N		Due date:	
Address:			City:		Zip:
Cell Phone:		Texts? <input type="checkbox"/> Y <input type="checkbox"/> N		Home Phone:	
				Best Time to Call:	
Preferred Language:			Email:		
Reason for Referral: Check ALL that Apply					
<u>Child or Children</u>					
<input type="checkbox"/> Lack of Prenatal Care	<input type="checkbox"/> Has Disability	<input type="checkbox"/> Behavior concerns			
<input type="checkbox"/> Support with Breastfeeding	<input type="checkbox"/> Born Premature	<input type="checkbox"/> Feeding concerns			
<input type="checkbox"/> Support with Infant Care	<input type="checkbox"/> Home Environment concerns	<input type="checkbox"/> Health concerns			
<input type="checkbox"/> Drug-Exposed Infant/Pregnancy	<input type="checkbox"/> Development concerns	<input type="checkbox"/> Weight concerns			
<input type="checkbox"/> Support with Attachment/Bonding	<input type="checkbox"/> Social/Emotional concerns				
<u>Parent or Guardian</u>					
<input type="checkbox"/> Feels Depressed or Overwhelmed	<input type="checkbox"/> Teen/Young Parent	<input type="checkbox"/> Lack of Food/Clothing/Housing			
<input type="checkbox"/> Isolation/Lack of Support	<input type="checkbox"/> First Time Parent	<input type="checkbox"/> Incarceration/ Probation			
<input type="checkbox"/> Support with Parenting	<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Low Income			
<input type="checkbox"/> Has Disability	<input type="checkbox"/> Alcohol/Drug Use	<input type="checkbox"/> Other: _____			
Additional Family Needs:					
<input type="checkbox"/> Parenting Classes <input type="checkbox"/> Socialization Activities <input type="checkbox"/> Respite Care <input type="checkbox"/> Resources: _____					
Is there anything else we should know?					
Referred by:			Agency:		
Contact Person:			Phone:		
Parent Consent to Refer: By signing this form, I authorize disclosure of the above information to the following organizations, for the purpose of connecting my family to an early learning and family support program:					
<input checked="" type="checkbox"/> Family Building Blocks		<input type="checkbox"/> Oregon Child Development Coalition (OCDC)			
<input type="checkbox"/> Mid-Willamette Valley Community Action Agency		<input type="checkbox"/> Marion County Public Health Department			
<input type="checkbox"/> Polk County Public Health Department		<input type="checkbox"/> Willamette Education Service District (WESD)			
<input type="checkbox"/> Salem-Keizer Head Start		<input type="checkbox"/> Other _____			
Parent/Guardian Signature: _____			Date: _____		



Instructions

Fax completed and signed Family Link Referral forms and Authorizations to Release Information forms to fax # 1-888-972-6857.

If you have questions about a referral or need to contact the Family Link Referral Coordinator, please call 503-798-4744.

Participating Organizations:

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY

503-581-1152 (Marion and Polk counties)
Early Head Start, Head Start

FAMILY BUILDING BLOCKS

503-798-4744 (Marion and Polk Counties)
503-363-3057 (West Salem, Monmouth, Independence)
503-769-1120 (Stayton, Aumsville, Lyons, Mill City)
503-623-9664 (Dallas, Falls City)
Healthy Families, Relief Nursery, Early Head Start

OREGON CHILD DEVELOPMENT COALITION

503-981-3001 (Woodburn, Gervais)
503-485-0899 (Salem)
503-838-2745 (Independence, Monmouth)
Migrant/Seasonal Head Start
Migrant/Seasonal Early Head Start
MIECHV Home Visiting

SALEM-KEIZER PUBLIC SCHOOLS

503-399-5510 (Salem)
Head Start, Teen Parent Program

MARION COUNTY EARLY CHILDHOOD NURSING TEAM

503-373-3781 (Marion County)
Babies First!, CaCoon, Maternity Case Management

POLK COUNTY PUBLIC HEALTH

503-623-8175 (Polk County)
Babies First!, CaCoon, Maternity Case Management

WILLAMETTE EDUCATION SERVICE DISTRICT

503-385-4714 (Marion, Polk, and Yamhill counties)
Early Intervention, Early Childhood Special Education