



# FAMILY HEALTH PROGRAMS

## NURSE-FAMILY PARTNERSHIP & FIELD NURSING



Santa Cruz County Health Services Agency

Family Health Unit

1060 Emeline Ave., Santa Cruz, CA 95060

Tel: (831) 454-4339

New Fax: (831) 454-3311

Email: [familyhealth@santacruzcounty.us](mailto:familyhealth@santacruzcounty.us)

**Eligibility Criteria:**

1. Pregnant and/or parenting an infant/child birth to 5 years of age, and
2. Resides in Santa Cruz County.

Clients will be considered for both the Nurse-Family Partnership and Field Nursing Programs.

REFERRAL SOURCE									
Name/Title					Agency/Department				
Today's Date		Phone Number			Fax Number			Email Address	
PARENT INFORMATION									
Is the pregnancy confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Last Name				First Name				Date of Birth	
Address <input type="checkbox"/> check box if this is a mailing address					City			Zip Code	
Cell Phone Number <input type="checkbox"/> Ok to text					Secondary Number / Message Number				
Due Date		Gravida	Para	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			Health Coverage <small>(not used to determine eligibility)</small> <input type="checkbox"/> No Coverage <input type="checkbox"/> Medi-Cal # <input type="checkbox"/> Private Ins. <input type="checkbox"/> Other		
INFANT / CHILD INFORMATION									
Last Name				First Name				Date of Birth	
Last Name <small>(Additional Infant/Child Information)</small>				First Name				Date of Birth	
REASON FOR REFERRAL / RISK FACTORS									
<b>Known / Suspected – Check all that apply</b>									
<input type="checkbox"/> Domestic Violence / Unhealthy Relationships					<input type="checkbox"/> Medically High Risk / Medical Follow-Up Needed				
<input type="checkbox"/> First Time Mom / First Time Parenting					<input type="checkbox"/> Perinatal Mental Health / Behavioral Health Concerns				
<input type="checkbox"/> Grief/Fetal Loss					<input type="checkbox"/> Pregnant / Parenting Teen				
<input type="checkbox"/> Homelessness / Housing Insecurity					<input type="checkbox"/> Premature Birth <small>(under 36 weeks)</small>				
<input type="checkbox"/> Inconsistent / Late-Entry / No Prenatal Care					<input type="checkbox"/> Substance Abuse / Exposure				
<input type="checkbox"/> Infant / Child Growth / Developmental / Feeding Concerns					<input type="checkbox"/> Other				
COMMENTS / ADDITIONAL INFORMATION									