

Umatilla County
Fax: 541-278-5433
Call: 541-278-5432
Email: health@umatillacounty.gov

Morrow County
Fax: 541-676-5652
Call: 541-676-5421
Email: health@umatillacounty.gov



UMHS



Family Support & Connections
Every Child Deserves a Head Start in Life



Prenatal, Maternal, and Child Services Referral

This is a shared referral form: ANY client referred will be connected to the appropriate Public Health, UMHS or Yellowhawk program available in their county. Thank you for joining with us to serve our community!

Nurse Family Partnership CaCOON Healthy Families Yellowhawk/Átawishamataš
Early Head Start/ Head Start Home Visiting Family Support & Connection
Parenting Connection WIC OHP

Today's date: _____ **EDD (Estimated Delivery Date):** _____

Person being referred: _____ **DOB:** _____

Parent/Guardian name (if child): _____ **Relationship:** _____

Home Phone: () _____ **Cell Phone:** () _____

Home Address: _____ **City, State, Zip:** _____

Primary Language (circle one): English Spanish **Tribal Member** (parent or child): YES / NO

Client Consents to be contacted by any of the above programs: YES / NO

Please check all that apply:

- | | |
|--|--|
| ☐ 1st pregnancy | ☐ Risk of maternal depression |
| ☐ Newly pregnant needing assistance | ☐ Isolation/lack of support |
| ☐ Teen parent | ☐ Lack of client/patient follow through |
| ☐ Child with/at risk for developmental delays | ☐ Domestic violence (present or history of) |
| ☐ Parent with developmental delays | ☐ Tobacco/alcohol use |
| ☐ Lack of adequate parenting skills | ☐ Substance abuse- <i>describe below</i> |
| ☐ Infant feeding/weight gain issues | ☐ Other- <i>describe below</i> |
| ☐ Challenging child behaviors | ☐ Medical Condition: _____ |

Additional Info: _____

Referring Source Information:

Organization/Department: _____

Person/Provider submitting referral: _____

Phone Number:() _____ **Fax Number:** () _____ **Email:** _____

Do you need follow up information about client's enrollment into services? Yes ☐ No ☐

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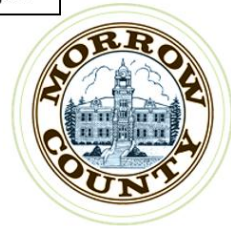
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RESPONSE to Referral:

Referral assigned to:

Nurse Family Partnership	CaCOON	Healthy Families	Yellowhawk/Átawishamataš
Early Head Start/ Head Start Home Visiting	Family Support & Connection		
Parenting Connection	WIC	OHP	

Please contact referral partner listed below for further follow up:

Organization/Department: _____

Person/Provider assigned to client: _____

Phone number: _____ Fax number: _____

Notes: _____

