



FAX REFERRALS TO (386) 238-9348

For additional information, call the Healthy Start Program at (386) 238-9347

1. Requested Program (one or multi):

Healthy Start/Healthy Families Program – Healthy Start and Healthy Families provide in-home services to pregnant and postpartum women and their families (infants ages 0-3 years old). Services include support, information, education, and resource identification/assistance.

Women’s Intervention Specialist (WIS) – Provides assessment, advocacy, and referral services to substance affected pre and postnatal women.

Neonatal Outreach Specialist (NOS) – Provides services to parents with infants admitted to NICU. Services include assessment, assistance with accessing pediatric care, advocacy, and engagement with treatment or other available resources.

Intensive Services Program – Provides services for substance affected families that include substance abuse assessment, advocacy, plan of safe care, aftercare services to sober substance affected parents and engagement with treatment or other available resources including referrals to available community resources.

Family Engagement: Family Place, We-Time and/or Café Dialogues – Supporting positive social connections, monthly Café dialogues, volunteer opportunities, computer access, evidence based parenting courses, Career Source, peer support, leadership skill building, and We-Time parenting groups.

2. Participant Information:

Parent’s Name: _____ DOB: _____ SSN: _____

Pregnant? Yes No If Yes, Estimated Due Date: _____ Medicaid ID: _____

Current or Past Substance Use? If Yes, Primary Substance: _____

Infant’s Name: _____ DOB: _____ SSN/Medicaid ID: _____

Address (street, city, and ZIP code): _____

Phone Number: (____) _____ May we text this phone number? Yes No

Email: _____ Alternate Phone Number: (____) _____

3. Reason for Referral (Please be detailed):

4. Parent consented to Healthy Start referral: Verbally Signed Release of Information Form Signature Below

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect for one year from the date of signature until revoke in writing by me.

Parent’s Signature Date Witness Signature Date

5. Referral Made By:

Name:	Agency:
Title:	Address:
Program:	Phone: