

Home Visiting Program Referral Form

Family Health Division

Phone: 385-468-3955; Fax: 385-468-3982

HomeVisiting@slco.org

Section 1: Client Information

Client Name _____ Date _____

Date of Birth _____ Mother's Name (if client is a child) _____

Street Address _____ City _____ ZIP _____

Phone Number _____ Language _____ Best time to call/text _____

Estimated Due Date (if applicable) _____ Referring Physician and Clinic _____ Clinic/Physician Phone _____

Notes/Additional Information:

Section 2: Program Referral

Please check under the program to which you're referring your client.



Program Eligibility

- First-time mother
- Before 29 weeks of pregnancy
- At or below [WIC income guidelines](#)



Program Eligibility

- Pregnant or has a child less than 3 years old
- At or below [WIC income guidelines](#)

You must use [Adobe Acrobat Reader](#) to complete and submit this form. The "Submit" button does not function in a web browser.