



Please mail or fax to:
 Central Intake Coordinator
 Healthy Schenectady Families Program
 107 Nott Terrace, Suite 300
 Schenectady, NY 12308
 (518)386-2824 (Fax) 372-4674

Date of Referral: ____/____/____

Information pertaining to Expectant/New Parent:

1. Mother 2. Father 3. Other: _____

***Office Use only:**

Referral Source Code: (from back): _____

Eligible for: HSF PEHS TLC

PEHS TLC has waiting list as of: _____

Name (**First- Last**):

DOB: ____/____/____

Address:

Phone: _____

Social Security # _____ OR Insurance ID # _____

****If MOB is currently married (or has previously been married), please give maiden name or other name(s) she may have been known by in the past:**

Name, title/affiliation of person making referral:

Prenatal Postpartum

Due Date or Baby's DOB (mm/dd/yy): ____/____/____

Phone: () _____

Age of target child _____ (3 mos max)

Complete the next section about the person you are referring by entering: T=True F=False U=Unknown

**Marital status is single, separated, divorced, or widowed	Education under 12 years	History of psychiatric care
Spouse or partner is unemployed	Inadequate emergency contacts	Abortion considered this pregnancy, unsuccessfully sought or attempted
Inadequate Income: Medicaid, empl. w/o health ins or stated concerns about family finances	History of substance abuse	Adoption considered this pregnancy, sought or attempted
No home, uncertain of having home or questionable address such as homeless shelter	Prenatal care started after 12 wks of pregnancy; missed appts.; not following medical advice; no PNC	Indication of discord among family members as relevant to the person being referred
No Phone	History of abortions	History of or current depression

Reason for Referral: (Please give brief description regarding concerns, why, how, etc.)

Best time to reach family to schedule assessment: _____

Person being referred has been given a brief description of program Yes No

For positive screens referred for assessment, FAW Assigned: _____

For positive screens not referred for assessment, give reason code from reverse: _____

**Data Entry Stamp area
(Do not write here)**

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Definitions and Clarifications for True/False Questions

1. Self-explanatory
2. Pertains to: spouse or partner who will be involved with mother and baby in such a capacity. If no known partner, then false.
3. Inadequate income means client has [or qualifies for] Medicaid, is employed without insurance, or stated concerns about finances by family.
4. No home, uncertain of having home, or questionable address such as homeless shelter.
5. Self-explanatory.
6. Self-explanatory.
7. No immediate family (parents, siblings, partner) listed for the emergency contact or no phone given for the emergency contact.
8. Excessive use of drugs or alcohol.
9. Prenatal care started after the 12th week of pregnancy, poor compliance (missed appointments or not following medical advice) or no prenatal care.
10. Two or more ITOP ever or one ITOP within the 12 months of current pregnancy.
11. History of psychiatric care or active psychiatric care (does not include counseling for "life crises").
12. Abortion considered this pregnancy.
13. Adoption considered this pregnancy.
14. Marital or family problems refers to any indication of discord among family members relevant to the patient.
15. Self-reported or staff reported.

Scoring: T=True
F=False
U=Unable to ascertain truth value (i.e., unable to obtain information from chart)

Positive Screen:

1. True score on either #1, #9, or #12
2. Two or more True scores.
3. Seven or more unknowns

Referral source codes:

- | | | |
|-------------------------|----------------------------------|---------------------|
| 1. Private Physician | 6. Home Visiting Program | 11. School |
| 2. Health Clinic | 7. Visiting Nurse | 12. Day Care Center |
| 3. Hospital | 8. Home Health care agency | 13. Friend/Family |
| 4. WIC | 9. Church | 14. Door to door |
| 5. Child Protective Svs | 10. Community Based Organization | 15. Other (Specify) |

Reason Codes for positive screen with no referral made for assessment:

Income Ineligible (05)	Inappropriate Screen (06)	Other (99) <i>Specify</i>
Out of Geo Target Area (07)	Caseload Full (08)	
Subsequent Birth for Open Case (34)	Transferred/Referred/Involved in other program (25)	
Control Case for Random Assignment (13)	Positive screen already recorded for this pregnancy (33)	
Participant Refused, Non-compliant, unresponsive (11)		