

**Eligible referrals must meet all the following:**

Be first time parent

Be a prenatal mother, or infant up to 3 months of age

Have at least one additional criteria from list *(please list codes below under Additional Eligibility Criteria)*

**Primary Caregiver**

Name:

Relationship to Infant:    Mother    Father    Other *(specify)*

PHN:

Address:

Postal Code:                      City:

Phone Number:

**Secondary Caregiver**

Name:

Relationship to Infant:    Mother    Father    Other *(specify)*  
    Primary Caregiver's Partner/Spouse

PHN:

Address:

Postal Code:                      City:

Phone Number:

**Mother's Information:**

Age *(yyyy-mm-dd)*:

Doctor's Name:

Expected Delivery Date *(yyyy-mm-dd)*:

Date of 1<sup>st</sup> Doctor's Visit *(yyyy-mm-dd)*:

Mother is on Health for Two:    No    Yes

Health for Two Site:

**Infant's Information:**

Infant's Name:    Infant's Sex:    Male    Female    PHN:

Date of Birth *(yyyy-mm-dd)*:                              Gestation *(# weeks)*:                              Birth Weight *(g)*:

NICU:    No    Yes    Length of Stay:                              Pediatrician:

**Additional Eligibility Criteria:**

Enter codes here that apply:

Referred By:    Date of Referral *(yyyy-mm-dd)*:

Site:    Phone Number:    Fax:

Individual is aware of and has agreed to be contacted by home visitation worker:    No    Yes

Call referral person before contacting family:    No    Yes

Notes

**Home Visitation Use Only**


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**PLEASE DO NOT FAX THIS PAGE.**

### Directions for Using this Form

- Confirm eligibility of client according to criteria (*see list below*)
- Fill in the eligibility codes on the front of the form
- Complete the form manually and print information legibly
- Include pertinent information (*i.e. aboriginal, language barriers, safety concerns*) in the Notes section (on page 1)
- Fax only page 1 of the form with HIA cover sheet to number listed below, choosing the appropriate office for your area
- The Home Visitation Program will inform you that your referral has been received and forwarded for assessment and decision making regarding acceptance into the program
- Note information on client's chart. File original of the faxed copy in mother's chart on the right hand side at the back with referral forms.

### Home Visitation Eligibility Criteria

- First time parenting
- Prenatal mother or infant up to 3 months of age
- At least one of the additional criteria listed below (*transfer code to page 1*)

CODE	CRITERIA
1	Parenting on own
2	Mother under 18 years of age
3	Late (after 12 weeks) or no contact with physician before delivery
4	Inadequate income
5	Unstable housing
6	No phone
7	Limited family or social support
8	History of substance use
9	History of psychiatric care
10	Marital or family problem
11	History of depression or current depression
12	History of family violence

### Fax referral with HIA cover sheet to:

Edmonton Home Visitation Programs  
Early Childhood Development Support Services  
Fax: 780-444-3154 Phone: 780-428-9465

St. Albert Parents' Place  
Attention: Home Visitation Program  
Fax: 780-459-7399 Phone: 780-459-7377

Parkland County - Alberta Parenting for the Future  
Attention: Home Visitation Program  
Fax: 780-963-3876 Phone: 780-963-0549

Leduc / Leduc County Family Connections  
Fax: 780-955-4765 Phone: 780-955-6423

Strathcona County Home Visitation  
Fax: 780-449-1220 Phone: 780-464-4044

Fort Saskatchewan Families First Society  
Attention: Home Visitation Program  
Fax: 780-998-5503 Phone: 780-998-5595

Sturgeon County Home Visitation  
Healthy Families Healthy Futures  
Fax: 780-307-2447 Phone: 780-307-2444