
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*)

Referral For:

Mother's Name:

Address:

City:

Postal Code:

Phone Number:

Alternate Phone:

Mother's Information:

Age (*yyyy-mm-dd*):

Doctor's Name:

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

Date of 1st 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

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

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 Family Resource Centre
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