



Date received by FSS: _____

***Highlighted required.** Please complete as much as able.

Referral Criteria: <input type="checkbox"/> Lives in _____ County <input type="checkbox"/> Currently pregnant or with a baby less than 3 months old		Permission to Contact: <input type="checkbox"/> Family is aware that referral is being made <input type="checkbox"/> Date parent was spoken with about the program _____	
Referral Source Information			
Name:		Phone:	
Agency/Institution Name:		Referral Date:	
Parent Information			
Mom/Primary Caregiver Name:		Dad's Name:	
Mom's Address:		Dad's Address:	
City:	Zip Code:	City:	Zip Code:
Birth Date:	<input type="checkbox"/> English <input type="checkbox"/> Other, list:	Birth Date:	<input type="checkbox"/> English <input type="checkbox"/> Other, list:
Mom/PC phone:	Dad's phone:	Other phone:	
Parent preferred contact method: Phone		Text: Email:	
Baby/ Sibling Information			
Baby's Name:		Due Date or Birth Date:	
Sibling's Name(s): _____		Birth Date: _____	
Reason for Referral (Check all that apply)			
<input type="checkbox"/> Single Parent <input type="checkbox"/> Either Parent Unemployed <input type="checkbox"/> Family with limited Income <input type="checkbox"/> Unstable Housing <input type="checkbox"/> No Phone <input type="checkbox"/> Less than 12th Grade Education <input type="checkbox"/> Limited Support/ Emergency Contacts <input type="checkbox"/> History of Substance Abuse		<input type="checkbox"/> Late or No Prenatal Care/Poor Compliance <input type="checkbox"/> History of Abortions <input type="checkbox"/> History/Current Depression or Psychiatric Care <input type="checkbox"/> Adoption or Abortion Sought this Pregnancy <input type="checkbox"/> Marital or Family Stresses <input type="checkbox"/> Low Birth Weight Infant (<5 lbs.) <input type="checkbox"/> Special Needs Infant (as diagnosed medically or as perceived by parent)	
Other Important Information (CPS Involvement, Pending Discharge Date, Multiple birth, infant(s) in NICU, etc):			
Kristen Christiansen Hillary Peterson Lura Porter Sara Loiselle Maggie Holland Jessica Lynch Maija Ouellette Dawn Everson	Luce, Chippewa, Mackinac Schoolcraft, Alger, Mackinac Luce, Chippewa, Schoolcraft, Alger, Mackinac Luce Marquette Delta, Menominee Houghton, Baraga, Ontonagon, Keweenaw, Gogebic Dickinson, Iron	kchristiansen@lmasdhd.org hpeterson@lmasdhd.org lporter@lmasdhd.org sloiselle@lmasdhd.org mdeppen@mqtco.org jlynch@phdm.org mouellette@wuphd.org deverson@didhd.org	906-293-5107 x336 906-341-6951 x140 906-341-6951 906-293-5107 x366 906-315-2614 906-789-8127 906-482-7382 x123 906-3220348