



We are excited to invite you to participate in an early childhood home visitation program!

Family Support Specialists visit parents to provide them with information, support and referrals on:
pregnancy wellness - attachment and bonding - care and nutrition - parenting skills - child development financial empowerment - support networks stress reduction - health & safety

Healthy Families is completely voluntary and free. Services often begin prenatally or early in a child's life and may continue for three years.

Services Available in the Following Counties:
McKenzie, Billings, Dunn, Stark, Hettinger, Morton, Burleigh, Grand Forks, Nelson, Walsh and Pembina

****Please return this form to your nurse or doctor**

All children deserve great childhoods! During the first three years of life, 80% of a baby's brain develops. Healthy Families will be there from the very beginning to support your success in being the best parent you can be through attachment, bonding, and play.

Please fax this form back to 701-223-0440
 Call 701-530-2508 with questions

Healthy Families Referral Form

Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

County : _____ Phone: _____

Due Date: _____ # of Pregnancies: _____ # of Living Children: _____

If child is already born: Male Female

Name of Baby: _____ Date of Birth: _____

Marital Status: Married Single Separated Divorced

Are you employed? Yes No Is your partner employed: Yes No

I have enough income to provide:

Food Transportation Housing Basic Items for Baby

I have a high school diploma or GED: Yes No

I have someone I can count on for support: Yes No

My Prenatal Care was/is covered by:

Health Insurance Medicaid No Insurance Other: _____

I saw a doctor in the first 3 months of pregnancy: Yes No

I currently struggle with (or have struggled in the past with):

Anxiety Depression Substance Use Alcohol Use

Marital/Family Problems Other: _____

Have you considered adoption or other options with your current or most recent pregnancy? Yes No

Referred by (name and agency): _____

Contact Info: (phone) _____ (email) _____

I accept the invitation to participate in Healthy Families. I give permission for the referral to be used for care coordination and support. I understand that this information will be held strictly confidential.

 Signature of Parent/Guardian

 Date