

The **Richmond Home Visiting Referral Center** connects Richmond City parents-to-be and parents of young children with free, voluntary home visiting services.

INFORMATION ABOUT YOU:

Parent: _____, _____ Date of Birth: _____
(Last Name) (First Name)

Child's name: _____, _____ Date of Birth: _____
(Last Name) (First Name)

Guardian's name: (if applicable): _____

Address: _____, _____ (City/County) _____ (Zip)
(Street) (Apt. No.)

Phone: _____ (home) _____ (cell) _____ (other)

Are you currently pregnant? Yes No
If yes, when is your due date? _____

Names and ages of other children in home

Primary language spoken _____

CONSENT AND AUTHORIZATION TO SHARE INFORMATION:

I, _____, would like to be referred or have the minor, for whom I am responsible, referred for free and voluntary home visiting services.

To help in the referral process, I understand that the information I provide in this form will be shared with the Richmond Home Visiting Referral Center (the Center) and with a home visiting program that best suits my needs. I also understand that a home visiting organization will contact me to explain more about the benefits that home visiting services offer me and my family.

I understand that my consent can be withdrawn at any time, but that this consent expires six years from the date I sign this form.

Signature _____ Date: _____

INFORMATION ABOUT THE REFERRAL:

Name of person making the referral: _____ Organization: _____

Telephone: _____ E-mail: _____ Fax: _____

Are other services provided in the home?

If so, please list: _____

Reason for Referral (please check all that apply and use blank space to provide additional information)

High risk prenatal _____

Mental health concern _____

Parent education/support _____

FAX SIGNED REFERRAL FORM TO: (804) 646-3932

Questions? Call (804) 646-3601

Home visiting programs serving families in Richmond City:

Healthy Families Richmond provides intensive home visitation services to overburdened families who are at risk for child abuse and neglect and other adverse childhood experiences. The program implements standards set forth by **Healthy Families America** which is a nationally-recognized evidence-based program model that promotes healthy outcomes for families, positive parent-child interaction, the involvement of fathers in the lives of their children and school readiness for participating children. The program serves families who reside in communities in the East End and Southside of the City of Richmond

Family Lifeline provides early childhood home visitation services. Three models of home visitation are offered: **Healthy Families, Children's Health Involving Parents (CHIP), and Parents as Teachers**. Home visitors work in partnership with parents to offer parenting support and education, health education and linkage to community resources for pregnant women and families with children up to age 6 years. Asthma case management services are provided to eligible children up to the age of 18 years. Family Lifeline's service area includes: Richmond City; Henrico County; parts of Chesterfield County; Petersburg City; and parts of Dinwiddie County

Resource Mothers provides a combination of social support, education and practical assistance for the teen as she experiences pregnancy and makes the transition to parenthood. Our purpose in working with teens from early pregnancy to the child's first birthday is to increase good birth outcomes for the mother and infant and to reduce infant mortality.



Early Childhood
Development
Initiative

Success starts here



RichmondHealthyStart
A Healthy You, A Healthy Pregnancy, A Healthy Baby.

The Richmond Home Visiting Referral Center

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