Appendix C

☐ PRENATAL
OR
☐ LATE ENTRY REFERRAL

This form is to be used to refer Prenatal Women or Primary Caregivers of children Birth to three (3) to *KidsFirst* **NORTH*. Forms can be faxed to (306) 235-5435.***

Information Release Consent

We know that you want to be the best parent you can be. *KidsFirst* **NORTH** can support you to do this. To find out if you are eligible we need some information. Information will be shared with your local *KidsFirst* **NORTH** Program. The information you provide will not be shared in any other way without your consent or in accordance with the law.

I have read and I understand the information above and I understand that I can choose whether or not to participate in the *KidsFirst* **NORTH** Program at any time.

Verbal consent may be obtained if unable to obtain signature; witness to this must sign.

Primary Caregiver's Name: _____ Signature: _____

Verbal consent only: _____

Witness Signature: _____ Date: _____

Primary Caregiver's HSN #: _____ Telephone # (306) _____

Primary Caregiver's Birth Date: _____ Mother's Due Date: _____
(If prenatal)

If relevant: Baby's First Name _____Baby's Surname _____Birth date_____

Address _____ Postal Code: _____

Reserve: On _____Off _____

Other Children in Home (names and ages)

_____

_____

_____

Appendix C

Reason for referral, please also ask them what help they feel they may need from the *KidsFirst* NORTH Program and record this.

☐	low education status (<8)	☐	no prenatal class
☐	parenting difficulties	☐	depression related to pregnancy or infant
☐	young parent (<16)	☐	poor nutritional status
☐	family violence	☐	alcohol or drug use
☐	single parent with little support	☐	financial difficulties
☐	mentally challenged parent	☐	poor health of parent
☐	infant abnormality	☐	high stress
☐	difficult delivery	☐	tobacco use
☐	low birth weight (O – 2,499g)	☐	high birth weight (4,000g and over)

OTHER: _____

_____

_____

_____

_____

_____

_____

_____

Person completing form: _____ Date: _____

Referral Source: _____ Date: _____

Agency: _____ Phone #: _____