

To be completed by Welcome Family Program Staff:
DPH ID# _____ Date Received by Agency: ____/____/____

Date Referred: ____/____/____

WELCOME FAMILY BOSTON REFERRAL FORM

HBHC ID# _____

REFERRAL SOURCE (CHECK ONLY ONE)

- | | | |
|----------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Community Health Center/Clinic | <input type="checkbox"/> Hospital | <input type="checkbox"/> Public Ad/Flyer |
| <input type="checkbox"/> Community/Social Service Agency | <input type="checkbox"/> MassHealth/Insurance | <input type="checkbox"/> Self |
| <input type="checkbox"/> Home Visiting Services | <input type="checkbox"/> Caregiver Medical Provider | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Child Primary Care Provider | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> DCF | <input type="checkbox"/> School/Educational Institution | <input type="checkbox"/> Other |
- Referring Agency: _____ Contact Person: _____ Phone: _____

FAMILY INFORMATION

Caregiver Name: _____ Caregiver DOB: ____/____/____
 Caregiver Relationship to Baby: _____
 Baby Name: _____ Baby Gender (circle one): M / F Baby DOB: ____/____/____
 Baby Name: _____ Baby Gender (circle one): M / F Baby DOB: ____/____/____
 If pregnant, due date: ____/____/____

CONTACT INFORMATION

Street Address: _____ City: _____ Zip code: _____
 Mailing Address (if different): _____ City: _____ Zip code: _____
 Phone: _____ Alternate Phone: _____ Email: _____

Ethnicity: Hispanic Non-Hispanic
 Race: White Black Asian/Pacific Islander American Indian/Alaska Native Multi-racial Other

Preferred Language (check one):
 Albanian Arabic Cape Verdean Creole Chinese English Haitian Creole
 Khmer Portuguese Russian Sign Language Somali Spanish
 Vietnamese Other (specify): _____

Do you need an interpreter? Yes No

How would you prefer to be contacted? (check all that apply):
 Mail Phone Call Text Message Email

What is a good time to be contacted? (check all that apply):
 Morning Afternoon Evening Saturdays

I give permission for the Welcome Family program to contact me (signature): _____

Additional Notes (information for Welcome Family staff):



Call: 617-534-5832 or Fax: 617-534-5355

WelcomeFamily@bphc.org www.bphc.org

