

Lawrence – Douglas County Public Health Human Services Referral

E-mail completed form to: humanservices@ldchealth.org or Fax to (785) 843-3161

INFORMATION OF INDIVIDUAL BEING REFERRED

Name: _____ DOB/Age: _____
 Address: _____ City/Zip: _____
 Phone: _____ OK to Text? Y or N OK to leave voicemail? Y or N
 Email: _____ Primary Language: _____ Interp needed? Y or N
 Is the individual pregnant or a new parent? Y or N; If yes, due date or date of delivery _____

REASON FOR REFERRAL (Check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Late or no prenatal care |
| <input type="checkbox"/> Inadequate Income | <input type="checkbox"/> Current or history of mental health needs |
| <input type="checkbox"/> Unstable Housing | <input type="checkbox"/> Child Welfare Involvement |
| <input type="checkbox"/> No phone | <input type="checkbox"/> Marital or family problems |
| <input type="checkbox"/> Education under 12 years/No GED | <input type="checkbox"/> History of incarceration/ Justice system involved |
| <input type="checkbox"/> Inadequate Supports | <input type="checkbox"/> Challenges in accessing services |
| <input type="checkbox"/> Current or history of substance abuse | |

SERVICES DESIRED

- | | |
|---|---|
| <input type="radio"/> Prenatal or New Parent Support & Education | <input type="radio"/> Social Skills & Life Skills Development |
| <input type="radio"/> Home Visiting | <input type="radio"/> Job Skills & Employment Prep |
| <input type="radio"/> Case Management | <input type="radio"/> Parenting/Co-parenting Education |
| <input type="radio"/> Fatherhood Peer Support and Psychoeducation | <input type="radio"/> Teen Pregnancy Prevention |
| <input type="radio"/> Motherhood Peer Support and Psychoeducation | <input type="radio"/> Teen Pregnancy Support |

REFERRAL SOURCE

Referred By: _____ Agency/Organization: _____
 Contact # or Email: _____

Is this referral a recommended part of a treatment/ service plan? Y or N

- By checking this box, I, as the referral source, confirm that I have spoken with the referred individual and that they are agreeable to learning more about services and supports offered through LDCPH Human Services



200 Maine, Suite B
 Lawrence, KS 66044-1396

OFFICE: 785.843.3060 FAX: 785.843.3161
 CLINIC: 785.843.0721 FAX: 785.843.2930

INTERNAL USE ONLY

PID #: _____

Received on: _____ **Contacted on:** _____ **By:** _____

Program(s) Recommended:

- Baby Steps Teen Case Management
- Rotation Program
- Healthy Families
- Healthy Teens
- Healthy Moms Group
- Healthy Dads Group
- Healthy Moms Case Management
- Healthy Dads Case Management



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