



Lawrence – Douglas County Public Health Human Services Referral

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

DATE _____

LDCPH ONLY: PID# _____

INFORMATION OF INDIVIDUAL BEING REFERRED

Name: _____

DOB/Age: _____

Address: _____

City/Zip: _____

Phone: _____ OK to Text? Y or N

OK to leave message? Y or N

Email: _____ Primary Language: _____ Interp needed? Y or N

Due Date/Date of delivery _____

Insurance- Unknown Private Uninsured Needs to Apply/Applied
 KanCare/Medicaid# _____

Partner's name: _____

Phone: _____

Email: _____

Reason for referral

- Single, separated, or divorce
- Unemployed
- Inadequate Income
- Unstable housing
- No phone
- Education under 12th grade
- Inadequate emergency contacts
- History of substance abuse
- Late or no prenatal care
- Partner or family problems
- Current or history of depression or other mental health concerns
- Relinquishment for adoption sought
- Other Info

REFERRAL SOURCE

Referred By: _____

Agency/Program _____ Contact # or Email _____

Internal Use Only

Assigned Funder-
<input type="radio"/> MCH
<input type="radio"/> ECBG
<input type="radio"/> CBCAP
<input type="radio"/> Baby Steps

Date Received _____	<u>Date</u>	<u>Type of Contact</u>
Contacted by _____	Contact 1 _____	_____
	Contact 2 _____	_____
	Contact 3 _____	_____
	Contact 4 _____	_____
	Contact 5 _____	_____