

Mother/Guardian of Child(ren) _____

DOB _____

Father of Child(ren) _____

DOB _____

Address (must be resident of Charlottesville, Albemarle, Fluvanna or Louisa)

Street _____ City _____ Zip _____

Primary Phone # _____ Other Contact # or email _____

Name of Child _____ DOB _____

Name of Child _____ DOB _____

Name of Child _____ DOB _____

Name of Child _____ DOB _____

Primary language spoken (if not English) _____

Interpreter Needed? Yes No

Are children enrolled in Medicaid or FAMIS? Yes No

If not, eligible? Yes No

Is Mother of Child(ren) pregnant? Yes No

If yes, Due Date _____

Is the family aware of this referral? Yes No

Please check all CHIP services that the family may benefit from:

Support in:

- Parenting
- Accessing and understanding health care
- Keeping up-to-date on well child visits & immunizations
- Getting insurance and choosing a medical home
- Coordinating services (case management)
- Basic needs: clothing/food/transportation/housing
- Becoming self-sufficient

Information on:

- Parent/child play activity ideas
- Kindergarten readiness
- Home Safety
- Healthy living for parents and children
- Healthy pregnancy and childbirth
- Positive discipline & routines for young children
- Parenting tips
- Baby and postpartum care

Concerns about:

- Teen Parent
- Single Parent
- Substance abuse
- Domestic violence
- Medical condition of parent/caregiver
- Medical condition of child
- Mental Health
- History of child abuse/neglect
- Close birth spacing
- Parent/guardian with cognitive impairment

What else should CHIP be aware of? _____

Any other agencies involved or other referrals made? _____

Who is the family doctor? _____ Dentist? _____

Referring person (please print) _____ **Agency:** _____

Mailing Address _____

Phone# _____ **FAX** _____ **EMAIL** _____

Fax this form to: Charlottesville (434-964-4774), Fluvanna (540-967-2765), or Louisa (540-967-2765) Questions? Call: (434) 964-4700

Office: Date received _____ In database Assigned: _____ date _____ Returned: date _____