

Referral to Maternal Infant Health Program
Midland County Health Department
220 West Ellsworth Street - Midland, MI 48640-5194
Telephone: 989 832-6686 Fax 989 832-6628

Infant's Full Name _____ **Date of Birth** _____

Parent's Full Name _____ **Telephone** _____

Address _____
Street/Road City State Zip County

Medicaid ID No. _____ **Health Care Provider's Name** _____

REASON FOR REFERRAL: (Check all that apply)

1. Support Systems

- Unable to name at least two persons whom she can call on for support
- Baby's father uninvolved
- Poor relationship with parents and/or siblings

2. No Transportation for Pediatric Health Care

3. Homeless, Soon To Be Evicted, Or Dwelling Unsafe
(i.e. in need of major repairs, infestation, no water or heat, etc.)

4. Parenting Experience

- Either parent experienced reported or unreported child abuse/neglect.
- Unrealistic expectations of child (i.e. fantasies incongruent with reality or expecting child to meet parent's emotional needs.)
- History of abuse or neglect of other children

5. Emotional Status/Ability to Cope

- History of mental health problems (i.e. long term counseling, institutionalized, trouble with the law, severe depression, contemplation or attempt of suicide)
- Symptoms of emotional stress or illness including postpartum depression

6. Educational/Developmental Status

- Suspected or confirmed retardation
- Limited ability to understand instructions – cognitive impairment
- Language barrier/Illiteracy barrier
- Mother under age 18

7. Substance Abuse

- Smoking
- Alcohol
- Illegal Drugs/Prescription Drugs
- Drug exposed infant (i.e. born with presence of an illegal drug(s) and/or alcohol in his/her system or living in an environment where substance abuse or alcohol is a danger.)

8. Failure to Thrive

9. Low Birth Weight/Prematurity (Less than 2500 grams)

10. Any other condition that may place the infant at risk of illness or significant impairment.

Please Explain: _____

Referral Source _____ **Date** _____

Name

Address

Please stamp or print name and address