

Participant Name: _____ Phone: _____ Birthdate _____ CCI#: _____
 Physical Address: _____ (please include City/State/Zip)
 Email Address: _____
 Alternative Contact person: _____ Alternative person phone; _____
 Participant Race: _____ Preferred Language spoken: _____ Does the participant need an interpreter: _____
 Does the participant identify as Indigenous? _____ If so what tribe _____
 Is the participant currently pregnant? _____ Due Date: _____ Birthing Hospital Preference _____
 Is the participant receiving prenatal services? _____ If so, where? _____ Is the Participant interesting in Doula Services _____
 Does the participant have an open CPS case? _____ CPS case worker name _____ CPS CW Number _____

Name	DOB	Age	Do they have active insurance?	Do they have their immunization?	In out of home placement?	Need of Birth Certificate?	Need of SS Card?

Does the participant need a copy of their Birth Certificate? _____ Does the participant need a copy of their Social Security Card? _____
 Is the participant receiving general assistance or any other financial support from Ramsey County? _____
 FAS Case number: _____ Is the participant currently working? _____ Is the participant on unemployment? _____
 Is the participant working with other providers? _____
 Does the participant need a mental health assessment? _____ Current location of therapy? _____ MH Provider _____
 MH Provider Location: _____ MH phone number: _____ MH Diagnosis _____
 Last date Rule 25 as completed: _____ Last date of use: _____ Medication to treat substance use: _____
 Does the participant need a Comprehensive Assessment? _____ Participant's substance of choice _____
 Is the participant currently in treatment? _____ If so what location? _____
 Does the participant have health insurance? _____ Insurance Provider: _____ Health insurance # _____
 Has the participant or their spouse ever served in the military? _____ Are they receiving VA benefits? _____
 Is this participant currently on probation? _____ Probation officers name _____ PO Phone Number _____
 PO County _____
 Has the participant ever worked with MF before? _____ If so when: _____
 What does the client want to gain working with Mother's First? _____

Any Additional Information

Referral Name	Referral Agency	Referral Phone Number	Referral Email	ROI attached

Office Use

Referral Date _____ SW assigned _____ PHN _____ CPRS _____ Doula _____