



# DUPAGE COUNTY HEALTH DEPARTMENT

## Healthy Families Home Visiting Program Referral Form

Please send completed referral form to:  
Program Supervisor: Lenny Rivota, M.S.  
111 N County Farm Rd. Wheaton, IL 60187  
Office: 630-221-7364  
Fax: 630-510-5435

Referral Date:

### Client Information

Client Name:	Home Address:
Mother DOB:	City: Zip Code:
Baby Name: Baby Due Date or DOB:	Home/Cell Phone:
If Father is not client, Father Name:	Family Email:
Father involved: Yes No Unknown/Other	Client lives with:
Client's Preferred Language for Services: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Best time to contact client:
Gravida (# of Pregnancies) _____ Para (# of Births) _____ Week's Gestation _____	Notes:

### Client or Referring Agency Concerns/Comments

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### Referral Source

Referring Organization:
Name of Staff Completing Referral Form:
Contact information For Staff Completing Form: