



District Health Department No. 2

# FAMILY MATTERS



Ogemaw Co. 345-5020  
Ogemaw Fax 343-1899

Alcona Co. 724-6757  
Alcona Fax 343-1894

Iosco Co. 362-6183  
Iosco Fax 343-1892

Oscoda Co. 826-3970  
Oscoda Fax 343-1895

## ELIGIBILITY SCREENING and REFERRAL FORM

*Family Matters is a free, voluntary service that helps pregnant mothers and families with infants and young children ages birth to 4. If you are eligible and decide to enroll in the program, you will receive visits with a Family Advocate trained in parenting and child development. Program goals include community connections, child health/development, school readiness, and parenting support.*

Date: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Pregnant: Yes No Due Date: \_\_\_\_\_  
circle one

Name & Ages of Child(ren): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Referred by: self-referral other agency \_\_\_\_\_ Family is aware of referral? \_\_\_\_\_  
circle one

Referral Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Programs and Community Resources involved (circle):

WIC Medicaid DHS Head Start ISS/MSS Community Mental Health IMH CSHCS

### Family Needs (check any that apply):

- Parenting Info and Support (stress, bonding, potty training, day care, crying, discipline, etc.)
- Info about child development (talking, social skills, school readiness, crawling, walking, etc.)
- Preschool preparation  Info about other community resources available
- Doctor or health insurance  Assistance making/coordinating appointments
- Well-child checkup information  Day Care or Employment Assistance
- Immunization information  Family Planning information (birth control)
- Other: \_\_\_\_\_
- I am interested in enrolling  No family needs at this time

### For Office Use Only

Eligible	Not eligible	Contact Activity	
€ Enrolled	Date: _____	Dates	Contact ( P/C, HV, L )
€ Not Enrolled	Reason _____	_____	_____

Feedback to referral source Date: \_\_\_\_\_ Comments: \_\_\_\_\_