New Family Home Visits Initiative Referral Form

The New Family Home Visits (NFHV) Initiative offers support, services, and referrals to pregnant and parenting families. Through this initiative, a trained health worker (such as a nurse, doula, or community health worker) visits the home of a parent who is pregnant or has an infant or young child. These visits may be in-person or virtual, depending on the program.

Services

The initiative's trained health workers provide education, screening, and referrals on the following:

- Infant feeding, including breastfeeding
- Bonding and child development
- Infant and home safety:
  - Car seats
  - Window guards
  - Lead hazards
  - Fire safety
  - Pest management
  - Safe sleep education
- Early intervention (services for children with developmental delays or disabilities)
- Mental health and chronic diseases
- Community health and social services:
  - Smoking cessation
  - Intimate partner violence
  - Crib, diapers, and other essential items

Eligibility

Eligibility criteria for each program are different. Participating programs focus on (but are not limited to) providing services to pregnant and parenting families who receive support from the NYC Administration for Children's Services (ACS) and families who reside in Taskforce on Racial Inclusion & Equity (TRIE) neighborhoods, public housing, and shelters.

In general, families referred to NFHV should be eligible for a program if they a) are pregnant **or** a parent to a child up to 48 months old and b) meet at least one of the following criteria:

- First-time parent who lives in one of the TRIE neighborhood ZIP codes
- All families, regardless of number of children, with a baby up to three months old who:
  - Reside in a New York City Housing Authority (NYCHA) building in a TRIE neighborhood; or
  - Reside in a Department of Homeless Services (DHS) shelter
  - Are engaged with the Administration for Children's Services (ACS)

Referral Process

1. Complete the attached referral form. (Missing information may result in a processing delay.)
2. Password-protect the completed form. (Find instructions for password-protecting a PDF at adobe.com/help.)
3. Send the form to Family Connection Network (FCN) via an encrypted email to BKhub@health.nyc.gov.
4. Send the PDF password to BKhub@health.nyc.gov in a separate email, if applicable.
5. The FCN team will confirm receipt via email within two business days.
6. The FCN team will contact the client and complete the screening via telephone. (FCN or the home visiting program will contact the client within two business days and make three attempts to contact the client.)
7. Qualified clients are then referred to a home visiting program.
8. All clients who are referred and consent to be screened and contacted will receive a list of community resources by text or email.
9. Contact the FCN team at 347-396-7979 (Monday to Friday, 9 a.m. to 5 p.m.) to check referral status.

Please complete all the questions below. If unknown, please answer “unknown”.

Referrer Information

Referring program

Staff name

Staff title

Phone number

Email

Summary of client’s needs

Client Information

Date of birth

First name

Middle name

Last name

Primary phone number

Home address

ZIP code

Email

Country of origin

Ethnicity

Gender

Preferred language

Alternative phone number

Alternative contact person

Expected due date, if applicable

Resides in a shelter: ☐ Yes ☐ No ☐ Unknown First-time parent: ☐ Yes ☐ No ☐ Unknown

Client received late or no prenatal care (after 12th week of pregnancy): ☐ Yes ☐ No ☐ Unknown

Ages of child(ren): _____ Number of children 48 months or younger: _____

Baby Information (if applicable)

Hospital or Center delivered

First name

Middle name

Last name

Date of birth

Birth weight

Gender

By signing this form, I understand that the information I provide will be shared with another agency to provide services to me and my family and to evaluate the services.

_____ _____

Client signature (required) Date of referral