



## Baltimore Healthy & Thriving Families Referral Form

Information in this form is treated with confidentiality to ensure appropriate coordination assistance to services/programs. CSI does not share your information without your consent. Email completed form to: [csi-baltimore@childbirthsurvivalinternational.org](mailto:csi-baltimore@childbirthsurvivalinternational.org). #CSIBaltimore

### Your Information

Name (First and Last)	
Street Address	
City, State, ZIP Code	
Best Contact Phone #	
Email Address	
Date of Birth (MM/DD/YYYY)	
Pregnant/Postpartum	Due date: _____ Date of delivery: _____
Infant(s) < 12 months, M/F, age	
Child(ren) up to 5 years, M/F, age	
Language(s) Spoken	
Current Employer	
In School/Last Grade Completed	
Health Insurance Status	

### Services Needed/Reason for Referral

CSI Baltimore will connect you to appropriate agencies in the city to meet your family's needs. Please identify them:

- Medical Assistance (Medicaid)
- Finding a Primary Care Provider, Obstetrician, Pediatrician
- Understanding your Managed Care Organization Benefits
- Infant Safe Sleep Education and a Pack 'n Play (need to meet eligibility requirements)
- Mental Health including Perinatal Mood and Anxiety Disorders
- Substance Use and Misuse including Quit Smoking and Vaping
- Birth Spacing Education and Planning Size of Your Family
- Losing Postpartum Weight and Staying Healthy
- GED and Vocational Skills Training
- Early Childhood Developmental Delays
- Building Healthy Families Together (aka Home Visiting)
- Grief and Bereavement Support
- Nutrition and Breastfeeding Support
- Other | Specify: \_\_\_\_\_

### Emergency Contact

Name (First and Last)	
Address	
Best Contact Phone #	
Relationship	



## Client Consent

CSI Baltimore protects client personal data and health information per Health Insurance Portability and Accountability Act (HIPPA). CSI Baltimore staff completing the form is required to obtain consent from adult/guardian for the referral.

- Client was educated about the referral form and understands its purpose to get connected to beneficial services and support programs in the community.
- Client consents to their referral being shared with CSI Baltimore trusted partners and key agencies providing care coordination and/or in-patient services in Baltimore City.
- Client consents to emergency contact listed above can be contacted in the event they are not reachable on their primary phone number.
- Client confirmed telephone number and residential address as the most current information to be contacted by CSI Baltimore partners.
- Client understands participation or enrollment in referred programs is voluntary and declining may potentially have an adverse effect on their pregnancy, birth, or the health of their infant/child.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## For CSI Baltimore Use

Name & Title	
Phone Number	
Email	
Form Submitted, List Agencies	
Date Form Submitted	

### About Childbirth Survival International (CSI)

Childbirth Survival International (CSI) is a global grassroots 501(c)(3) nonprofit organization operating in the USA and in sub-Saharan Africa to reduce barriers and challenges to surviving and thriving. CSI collaborates with local and international partners to contribute to local, national, and global efforts in addressing identified gaps in reproductive, maternal, newborn, child, and adolescent health services in underserved communities. Read more about CSI's work and impact, <https://childbirthsurvivalinternational.org/where-we-work>. #CSIImpactingLives #CSICares

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*Access to quality basic healthcare services is a universal human right; it is a moral obligation to reach the unreached with health services, resources, and information. --Mpanda & Suedi, April 2013.*

Childbirth Survival International®

<https://childbirthsurvivalinternational.org>

#CSICares

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