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| **Adolescent Family Life Program referral form****ventura county public health** |

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| **2240 E. Gonzales Road, Suite 250****Oxnard, CA 93036****Phone: (805) 981 5177** **Fax: (805) 981 5260****brown mail # 4612** | **Eligibility Requirements:** **Females: Pregnant/ parenting youth (21 or under)**  **males: 21 or under & involved with pregnancy and/or infant**  |

This information is intended only for the use of the AFLP office. if you are not the intended recipient, please deliver it to the intended recipient. Disclosure, copying, dissemination or the taking of any action in reliance on the contents of this transmitted information is strictly prohibited. *after you complete referral, please either fax or send by brown mail.*

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| **REFERENT’S NAME** | **AGENCY :** | **PHONE NUMBER :** |
|  |  |  |
| **Referent’s Street, City and Zip** | CAN WE FAX REFERRAL DISPOSITION TO YOU?**[ ]  yes [ ]  no** | **FAX NUMBER :** |
| **client name:** | **language :** | **d.o.b:** | **age:** | **Sex:** | **marital status :** |
|  |  |  |  |  |  |
| **STREET, CITY AND ZIP** | **HOME/ MESSAGE PHONE :** |
|  |  |
| **resides with:** | **relationship:** | **Language:** |
|  |  |  |
| **attending school:** | **name of school attending/last attended:** | **grade:** |
| **[ ]  yes** **[ ]  no** |  |  |
| **medical number:** | **client receiving CAL WORKS:** | **prenatal care :** |
|  | **[ ]  yes** **[ ]  no** | **[ ]  yes** **[ ]  no** |
| **client aware of referral:** |  **o.k. to contact client at home:** |  |
| **[ ]  yes** **[ ]  no** | **[ ]  yes** **[ ]  no** |  |
| **REASON(S) FOR REFERRAL**: **CHECK (✓) ALL THAT APPLY** |
| **[ ]  Home Assessment [ ]  Infant/child [ ]  Obesity****[ ]  Safety Assessment [ ]  Asthma [ ]  Teen Parent/Pregnancy ( DOB / EDC( )****[ ]  Nutrition [ ]  COPD [ ]  Breastfeeding Assessment****[ ]  Prenatal Care [ ]  Anemia [ ]  Chronic/Condition/Disease:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  Post Partum [ ]  Diabetes [ ]  Non-Adherence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ] Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Comments:** |  |
|  |
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|  |

**Agencies now involved with client:**

|  |  |
| --- | --- |
| **1}**  | **2}**  |
| **3}**  | **4}**  |

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| --- |
| **Date: Signature** |

**FOR AFLP/PHN USE ONLY**

**REPORT BACK TO REFERRAL SOURCE: ⁯ NO FOLLOW UP ⁯ CLIENT REFUSUAL ⁯ UNABLE TO LOCATE ⁯ NO SUCH ADDRESS**

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NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 08/12