



LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
COMMUNITY HEALTH SERVICES DIVISION
MATERNAL-CHILD HEALTH SERVICES

Request for Healthy Families America-Lincoln Home Visitation Services

Parent Last Name: _____ Parent First Name: _____

DOB: _____ PT#: (Agency Only) _____

Child Last Name: _____ Child First Name: _____

DOB: _____ PT#: (Agency Only) _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone#: _____ Cell Phone#: _____

Emergency Contact: _____

Additional Information/Concerns/Social/Medical History: _____

Pregnant: YES NO Due Date: _____

Physician: _____ Phone #: _____

Race: _____ Ethnicity: Hispanic Non-Hispanic

Primary Language: English Spanish Vietnamese Arabic Other _____

Speaks/Understands English: YES NO Interpreter needed: YES NO

Referring Agency (staff name & phone #) _____

LLCHD Staff Member Taking Referral Information: _____

Date of Referral: _____ CT: (Agency Only) _____

**Please complete BOTH PAGES of the Referral.
FAX completed form to:
Maternal-Child Health Services at 402-441-6219.**

**For additional questions or concerns, please call the Referral Line at 402-441-4103.
Kodi Bonesteel, Program Manager
402-441-6297**



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Please complete the following information for families you would like to refer for home visitation. Possible answers are "true", "false", and "unknown". "Unknown" can be used if the parent refuses to answer a question or if the agency or the parent doesn't know the answer.

- 1. Marital Status: Single, Married, Divorced, Widowed, Separated, Life Partner, Legally Separated, Unknown
2. Partner unemployed. N/A, True, False, Unknown
3. Inadequate income or no information regarding source of income. True, False, Unknown
4. Unstable housing. True, False, Unknown
5. No telephone. True, False, Unknown
6. Education less than 12years. True, False, Unknown
7. Inadequate emergency contacts. True, False, Unknown
8. Personal history of substance abuse. True, False, Unknown
9. Late prenatal care (≥ 13 week gestation), no prenatal care, poor prenatal care compliance. True, False, Unknown
10. History of abortion. True, False, Unknown
11. History of psychiatric care. True, False, Unknown
12. Abortion unsuccessfully sought/attempted for this pregnancy. True, False, Unknown
13. Relinquishment for adoption sought/attempted. True, False, Unknown
14. Marital or family problems. True, False, Unknown
15. History of or current depression. True, False, Unknown
16. First Time Mom. True, False, Unknown
17. Interested in home visitation services True, False, Unknown

Additional Information for referring agencies:

- There is no charge for home visitation services
Services are voluntary and offered until child is 3 years of age
Healthy Families America-Lincoln is a research-based and nationally accredited home visitation model. It has been proven to be effective in promoting positive parenting, family economic self-sufficiency, child development, and school readiness.