



**TULARE COUNTY  
HEALTH & HUMAN SERVICES AGENCY**

Cheryl L. Duerksen, Ph.D. • Agency Director

**Maternal Child Adolescent Health Coordinator • 1062 S. K Street, Tulare, CA. 93274**  
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ID#/CS MGR: \_\_\_\_\_ / \_\_\_\_\_

**MATERNAL CHILD ADOLESCENT HEALTH PROGRAMS REFERRAL FORM**

Referral Date:	Name/Title of Person Completing Form:	
Agency/Facility:	Phone:	Fax:

**MOTHER INFORMATION**

Mother's Name:	DOB:	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Physical Location/Street Address:		Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> SE Asian <input type="checkbox"/> Pac Isl <input type="checkbox"/> Other:
City:	Home Ph:	
PO Box/Mailing Address:	ZIP Code:	Education: <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Certificate <input type="checkbox"/> Some High School <input type="checkbox"/> No High School
EDC:	G/P/SAB/TAB: / / /	Cell/Msg Ph:
Substance Use HX Info Obtained by: <input type="checkbox"/> Patient Self-Report <input type="checkbox"/> Med Record <input type="checkbox"/> UDS Positive		Mother Medi-Cal Recipient: <input type="checkbox"/> YES <input type="checkbox"/> NO
Substance Use HX With This Pregnancy: <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Marijuana <input type="checkbox"/> Opiates <input type="checkbox"/> Methadone <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Prescription Medications: <input type="checkbox"/> Other:		HX of Drug Exposed Infant: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Most Recent Substance Use:
Psychosocial: <input type="checkbox"/> Family Violence <input type="checkbox"/> Unsafe Living Conditions <input type="checkbox"/> Lack of Support <input type="checkbox"/> Limited Resources (Food/Clothing/Transpo) <input type="checkbox"/> Homeless <input type="checkbox"/> Mental Health HX (Mood DO/Anxiety/Depression) <input type="checkbox"/> HX of Court/CWS Involvement <input type="checkbox"/> Decreased Bonding/Parenting <input type="checkbox"/> Other:		

**INFANT INFORMATION**

Infant's Name:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical Location/Street Address:	City:	Infant Home Ph:
PO Box/Mailing Address:	ZIP Code:	Infant Medi-Cal Recipient: <input type="checkbox"/> YES <input type="checkbox"/> NO
Primary Guardian/Caregiver Name:		Caregiver Cell/Msg Ph:
Primary Guardian/Caregiver Relationship: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
Gestation: wks days	Birth Weight: gms	Appgars: / /
		Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> SE Asian <input type="checkbox"/> Pac Isl <input type="checkbox"/> Other:
UDS: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> UDS Not Administered		<input type="checkbox"/> DEI Symptomatic Current DEI Symptoms:

**REFERRAL INFORMATION**

This Client has been Notified of this referral & gives consent to Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		Client to be Referred to: Check below (Criteria on reverse)	
<input type="checkbox"/> <b>Perinatal Wellness Program (PWP)</b>	<input type="checkbox"/> <b>Prenatal Substance Exposure Program (PSEP)</b>	<input type="checkbox"/> <b>High Risk Infant Program (HRIP)</b>	<input type="checkbox"/> <b>Drug Exposed Infant Program (DEIP)</b>
Primary Physician/Medical Home:		Other Medical Providers:	
Other Services/Agencies Involved:		Psychological Provider:	
Referral Reasons (Include Medical HX, Diagnoses, Risk Factors, Complications, Medications, Functioning Skills, Developmental Level, Discharge Info):			

**PLEASE FAX REFERRALS TO COORDINATOR AT: (559) 713-3700**

Rev Date: 05/07/2015TW

# **MATERNAL CHILD ADOLESCENT HEALTH (MCAH) PROGRAMS OVERVIEW & ELIGIBILITY CRITERIA**

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## **MCAH PROGRAMS**

### **PERINATAL WELLNESS PROGRAM (PWP)**

The Perinatal Wellness Program (PWP) will assign a case manager to a woman who is demonstrating signs/symptoms of perinatal mood and anxiety disorders (PMAD) based on her score on the Edinburgh Postnatal Depression Scale (EPDS) screening tool. To qualify for PWP services, a woman must meet the following criteria:

- A resident of Tulare County
- Receive a score of 12 or greater or (+) on question #10 of the EPDS
- Pregnant or less than one year post delivery

### **PRENATAL SUBSTANCE EXPOSURE PROGRAM (PSEP)**

Any pregnant woman with any of the following factors will be identified as having a baby at risk for alcohol or other drug exposure, and is eligible for referral to the Prenatal Substance Exposure Program (PSEP) if they meet the following criteria:

- A resident of Tulare County
- Any positive urine drug screen during current pregnancy  
And/or
- Any client admission of substance use or abuse including prescription drugs and/or alcohol during current pregnancy

### **HIGH RISK INFANT PROGRAM (HRIP)**

The goal of Tulare County High Risk Infant Program (HRIP) is to provide assistance with accessing community early intervention services as well as assistance with accessing medical care through coordination and referrals in order to deliver desired services to infants and their families. Any child from birth to one year of age is eligible for referral if they meet the following criteria:

- A resident of Tulare County
- Diagnosed Failure to thrive  
And/or
- Developmental delays not identified in the first six months of age and not receiving other case-management services (i.e Central Valley Regional Center, California Children Services, Hospice)

The MCAH Coordinator may determine other program and/or medical conditions not listed above to be eligible for services.

### **DRUG EXPOSED INFANT PROGRAM (DEIP)**

Any infant or child, from birth to one year of age, having any of the following risk factors is eligible for referral:

- Be a resident of Tulare County
- Any positive urine drug screen during prenatal care or at delivery
- Any maternal admission of substance use or abuse including prescription drugs, or alcohol during the pregnancy

