

First 5 First Steps: Referral Form

Please encrypt emails or fax referrals to the region where the family resides.
See back of this form for regional fax numbers and zip codes.

Funding Source: (select one)	☐ First 5 San Diego ☐ Family First Prevention Services ☐ CalWORKs recipient; CalWIN # (if known): _____		
Eligibility Category: (check all that apply)	☐ Low-income (<200% FPL) ☐ Refugee/Immigrant (parent is foreign born) ☐ Military (child is dependent of active, reserve, guard, veteran) ☐ Pregnant or parenting teen (age 13-21)		
Primary Caregiver's Name:		Primary Caregiver's DOB: ____/____/____	
Primary Caregiver's Address:		City:	Zip Code:
Primary Caregiver's Phone:		Alternate Phone:	
Preferred Method of Contact: ☐ Phone ☐ Text ☐ Letter ☐ E-mail: _____ (* preferred phone number above)			
Primary Caregiver's Primary Language:		Primary Caregiver's Ethnicity:	
Mother's first baby: ☐ Yes ☐ No	Date Prenatal Care Began: ____/____/____	Estimated Date of Delivery: ____/____/____ If postpartum, child's DOB: ____/____/____	
Primary Caregiver's Health Insurance: ☐ Private ☐ Tri-Care ☐ Medi-Cal ☐ None			
Are there any medical concerns related to this caregiver or the child? If yes, please describe....			

Referral Date: ____/____/____	Referral sent: ☐ Prenatally ☐ Postpartum		
Is this a referral from the Family Connection Hub (CFWB)? ☐ Yes ☐ No			
Referring Agency:		Referrer's Name:	
Referrer's Phone:	Referrer's Fax:	Referrer's Email:	
Reason for Referral:			☐ Check here if you do not wish to receive a status update on this referral.

Consent: I hereby authorize _____ (referring agency) to submit my referral for services to the First Steps program. The information is required for the purpose of determining eligibility for the First Steps program and is limited to the following information: First Steps Referral Form; update on status of referral; family acceptance of services. I understand that my authorization will remain effective for one year from the date of this referral, and that the information will be handled confidentially in compliance with all applicable local, state and federal laws. Autorizo a _____ (agencia que refiere) a presentar mi referencia para servicios del programa First Steps. La información se requiere para determinar elegibilidad para el programa First Steps y está limitada a: esta forma de referencia , y información sobre la actualización del estatus de la referencia y aceptación de los servicios por parte de la familia. Entiendo que mi autorización permanecerá efectiva por un año desde la fecha de esta referencia , y que la información se manejará confidencialmente en cumplimiento con las leyes aplicables estatales y federales. _____ (family signature/ firma de familia)		☐ Verbal Consent
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BELOW TO BE COMPLETED BY RECIPIENT

First Steps Eligibility Screening (NBQ)	First Steps Services (for eligible families only)	Referral Follow Up Tracking
☐ Family Screened ☐ Family Declined Screening ☐ Eligible for First Steps ☐ Unable to Contact Family ☐ Ineligible for First Steps	☐ Accepted First Steps Services ☐ Declined First Steps Services	Date Receipt Confirmed: ____/____/____ Date Status Update Sent: ____/____/____

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What Referred Families Can Expect

All families referred to First Steps will be contacted by phone to complete an initial screening. The intent of the call is to introduce the First Steps program and hear what services or supports might be useful to the family.

Who We Serve:

- First Steps is a family support program that accepts referrals for expectant parents and families with infants.
- Families receiving CalWORKS; Families can be referred up to their child's 24-month birthday.
- Families must meet at least one of the following eligibility criteria:
 - Low income families (<200% of the Federal Poverty Level)
 - Refugee/immigrant families (at least one parent was born outside of the United States)
 - Military families (child is a dependent of active, reserve, guard or veteran)
 - Teen parents (age 13-21)

Referral Instructions

Fax the front side of this form to the region where the family lives. See the zip code list below. **Please ensure the family has provided consent.**

Recipient will confirm receipt of referral within 2 business days and provide a status update within 60 days.

Central		North Central		East		North: Coastal & Inland				South	
Fax: 619.961.1025		Fax: 619.961.1025		Fax: 619.328.0638		Fax: 760.739.2835				Fax: 619.420.8722	
Phone:		Phone:		Phone:		Phone:				Phone:	
619.283.9624		619.283.9624		619.938.3239		760.739.3261				619.420.3620	
E-mail:		E-mail:		E-mail:		E-mail:				E-mail:	
firststepscentral@saysandiego.org		firststepscentral@saysandiego.org		ibarre@home-start.org		firststeps@palomarhealth.org				firststeps@csbcs.org	
92101	92130	92037	92117	91901	91948	92007	92057	92003	92066	91902	91950
92102	92131	92093	92119	91905	91962	92008	92058	92004	92069	91910	92118
92103	92134	92106	92120	91906	91963	92009	92067	92025	92070	91911	92135
92104	92136	92107	92121	91916	91977	92010	92075	92026	92078	91913	92154
92105	92139	92108	92122	91917	91978	92011	92081	92027	92082	91914	92155
92113	92140	92109	92123	91931	91980	92014	92083	92028	92086	91915	92173
92114	92145	92110	92124	91934	92019	92024	92084	92029	92096	91932	
92115	92161	92111	92126	91935	92020	92054	92091	92036	92127		
92116	92182			91941	92021	92055	92672	92059	92128		
				91942	92040	92056		92060	92129		
				91945	92071			92061	92259		
								92064	92536		
								92065			

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