HHM-FSS Use Only:
Social Security #: _____
HHM-OS Use Only
Referral Date: _____
Screening Date: _____
Parent Survey Date: _____
Assigned to: _____
Status: _____

Healthy Families Mississippi

We are building strong families.

Home Visiting Referral

Healthy Homes Mississippi (HHM) is a home visiting program that provides services to pregnant adult/teen women or families with children three months of age or younger. HHM is **free**, **confidential**, and **voluntary**. If you would like to be referred to HHM, please provide the following information.

Section A. Pregnant Adult/Minor Child or Primary Caregiver (Female or Male):

Applicant's Full Name: _____

DOB: _____ Applicant's Age: _____ Pregnancy Due Date (if applicable): _____

Number of Applicant's children in household: _____ Age & DOB of child (ren): _____
Race: ☐ White ☐ African American ☐ Indian/Alaskan ☐ Asian ☐ Hawaiian/Pacific ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Phone Number: (1) _____ (2) _____

Best Contact Time: _____ County of Residence: _____

Mailing Address: _____

Physical Address: _____

E-mail Address: _____

Section B. Parent/Legal Guardian: If the pregnant female/primary caregiver (female or male) is a minor child, the parent/legal guardian of the minor will complete this section.
Parent/Legal Guardian Name: _____

Phone Number: (1) _____ (2) _____

Best Contact Time: _____ County of Residence: _____

Mailing Address: _____

Physical Address: _____

E-mail Address: _____

Check one:

☐ *Please contact me and my minor child, regarding this program*
☐ *Please contact me, and not my minor child, regarding this program.*

Section C. Secondary Caregiver: If applicable, please provide information on the other adult, living in the same home and caring the child/children, who may be interested in receiving HHM services.
Adult/Parent's Full Name: _____DOB: _____ Age: _____

Relationship to Primary Caregiver (Check one): ☐ Parent ☐ Partner ☐ Spouse ☐ Grandparent ☐ Friend
☐ Other _____

Is secondary parent employed?	Yes ☐ No ☐	Did secondary parent graduate high school?	Yes ☐ No ☐

Phone Number: (1) _____ (2) _____

Mailing Address: _____

Please contact the following number to submit this form: 601-359-5172

HHM-FSS Use Only:
Social Security #: _____
HHM-OS Use Only
Referral Date: _____
Screening Date: _____
Parent Survey Date: _____
Assigned to: _____
Status: _____

Physical Address: _____

E-mail Address: _____

Section D. Did You Know?

- Breastfed children have fewer and less serious illnesses than those who never receive breast milk. Breastfeeding reduces the risk of Sudden Infant Death Syndrome and lessens childhood cancer and diabetes. Breastfed babies have higher IQs as well as better brain and nervous system development.
- Women who breastfeed have a decreased risks of breast and ovarian cancer.
- Breastfeeding provides savings on health care costs.
- Human milk is free. Human milk is the very best food to nourish your baby.
- Exclusive breastfeeding naturally spaces pregnancies.

Are you currently breastfeeding your child? ☐ Yes ☐ No

If "No", do you plan to breastfeed your infant? ☐ Yes ☐No ☐ Haven't decided

Section E. Referral Source Information: Please tell us how you were referred to this program.

☐ Health Department	☐ School	☐ Family Member
☐ SNAP /TANF Office	☐ Church	☐ Friend
☐ Internet	☐ Other_____	

I give permission for HHM to let the referral source know when I have been contacted. Yes ☐ No ☐

If "Yes", please provide the following about the organization making the referral.

Organization Name: _____ Referral Date: _____

Contact Person Name and Position: _____

E-mail Address: _____

Phone Number: _____ FAX Number: _____

Section F. Signature: Please sign below.

I understand that by signing this referral form, HHM will contact me with more information. I understand that signing this form does not mean that I accept HHM services. I understand that signing this form does not guarantee that I will receive HHM services.

Applicant's Signature: _____ Date _____

Parent/Legal Guardian's Signature: _____ Date: _____

Please contact the following number to submit this form: 601-359-5172