

Portage County Maternal Child Health Programs

- *Babe B Safe:** In home assessment for safety hazards, education about childproofing, and financial assistance for safety products.
- *Breastfeeding Resource Assistance:** Lactation support through consultation and supplies (nipple shields, pump supplies, pads, storage bags and relief products) **Product and Size:** _____
- *CARS (Children All Ride Safely):** Provides car seat education, installation and assistance with proper fitting car seat
- *Cribs for Kids:** Provides pack-n-play and safe sleep education for families that cannot provide a safe sleep area for their child under 6 months
- *Infant Supplemental Nutrition Program:** Assists families with formula if there is a barrier (financial, breastfeeding struggles, specialty formulas) **Type of formula:** _____
- *Lead Prevention Program:** Provides education and follow up for lead poisoning
- My Baby and Me:** Perinatal Alcohol Program to help women have an alcohol free pregnancy
- *Postpartum Public Health Nurse Referral:** Follow up from public health nurse for postpartum concerns (infant weight gain, depression, breastfeeding issues, lack of support, other)
- Prenatal Care Coordination Program:** Prenatal support through resources, referrals, education and home visitation
- WIC (Women Infants, Children):** Nutrition program to help keep families healthy and strong

*Portage County Residents Only

PLEASE PRINT

Parent/Guardian's Name: _____ DOB: _____

Parent/Guardian's Phone Number: _____

OK to Reach by Text: Yes No

OK to Reach by Email: Yes No Email Address: _____

Parent/Guardian's Address: _____

City, State and Zip Code: _____

Child's Age: _____ Year(s) _____ Month(s) or Infant's Due Date: ____/____/____

Food stamp eligible: Yes No

Insurance: Badgercare/Medicaid Other _____

Referring Agency: _____

Agency Representative: _____

Phone Number of Agency Representative: _____

Additional Information:

I agree to allow _____ to provide my referral information to Portage County Health and Human Services Division of Public Health's Maternal and Child Health programming.

Referring agency name

_____/_____/____

Parent/Caregiver

Date

Please fax this ***signed*** form to Lynn Frost at **715-345-5760** or mail to:

Portage County Division of Public Health

Lynn Frost RN

817 Whiting Ave

Stevens Point, WI 54481