



BEST BABIES
PROGRAM



BUILDING BLOCKS
PROGRAM

Home Visitation Programs - Referral Form

Appendix 1

*Referral Date: _____

Primary Participant Information

Name:	Due Date:	Prenatal <input type="checkbox"/>
AB Health Care #	DOB:	Age:
Street Address and PO Box:	City:	
	Postal Code:	
Phone:	Text? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ok to leave message? Yes <input type="checkbox"/> No <input type="checkbox"/>
Alt Phone:	Text? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ok to leave message? Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Language spoken:	
Email address:		
Participant has received Best Babies/Building Blocks programs previously: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		

☐ Participant has consented to and is aware of this referral.

☐ Participant has consented to the program reporting back to referral source regarding contact information and status on program.

The participant understands that in order to provide the most appropriate service to the family, they will coordinate services with Bridges Family Programs. Yes ☐ No ☐

Household Members

Name	Relation to Participant	Date of Birth	AHC#

Referral Source

Name:	Organization:
Phone:	Fax:
Email:	



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Additional information

Reason(s) for referral:

Community supports/services currently involved with family:

Are there any safety concerns we should be aware of before meeting with the family? (History of violence, firearms/weapons in home, pets, food allergies, custody issues, etc.) Yes ☐ No ☐

Please explain:

Any other pertinent information regarding this referral:

Office Use Only

Received By:

Date Client Waitlisted:

Referral assigned to

Best Babies ☐ Building Blocks ☐

Notes:

Medicine Hat 477 – 3 rd Street SE Medicine Hat, AB T1A 0G8 Phone: 403-526-7473 TF: 1-888-756-7473 Fax: 403-504-2459	Brooks 440-3 rd Street East Bag 300 Brooks, AB, T1R 1B3 Phone: 403-501-3862 TF: 1-888-756-7473 Fax: 403-362-6309	Bow Island 802 – 6th Street East Box 949 Bow Island, AB, T0K 0G0 Phone: 403-545-6911 TF: 1-888-756-7473 Fax: 403-545-6357	Oyen 315 – 3 rd Avenue East Box 296 Oyen, AB, T0J 2J0 Phone : 403-526-7473 TF: 1-888-756-7473 Fax: 403-504-2459
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Revised Feb. 2019, April 2020

****All referrals are screened and prioritized based on standardized eligibility criteria**

U:\0-Kristen\ALL Program Referral Forms July 2022\Appendix 1 HVP Referral Form (2022).doc Apr. 2020