



Healthy Babies Healthy Children Program Referral

Fax: 519-376-1287 Call: 519-376-9420 Press 5

Mail or drop off: 101 17th Street East Owen Sound N4K 0A5

HBHC is a home visiting program for families that need a little extra support, typically with a parent or child having an Adverse Childhood Experience (ACE) score of 4 or more. We strengthen responsive relationships between parents and their children, build the skills of parents, and work closely with other agencies to reduce sources of toxic stress on the family.

Client is aware you are making a referral and consents to contact from our program

Your name _____ Agency: _____ Phone: _____

OR

I am referring myself to the HBHC Program

Parent/Caregiver Legal name: _____ Preferred name if different: _____

Preferred pronouns: _____ Birthdate: _____

Address: _____ Town: _____ Postal Code: _____

Is this temporary (shelter, couch surfing, motel)? Y N

Preferred phone: _____ Landline Cell (may we text? Y N text only)

If you have no phone, how can we best contact you? _____

Reason for Referral:

Pregnant (Month due: _____) and/or Parenting at least one child under 5

AND household has (these are some of the ACES, or can contribute to them developing):

Unstable finances or housing Relationship strain, single/solo parent, or lack of social supports

Young (under 18) Mental health symptoms or a diagnosis

Parent learning disability Child's signals aren't clear and/or parent not sure how to respond

Substance use Child has challenging behaviours or temperament

Child developmental delay **Would prefer to discuss with the nurse when contacted**

For self referrals: How did you find out about our Home Visiting Program?

From a phone call/letter after I had my baby

It was recommended by:

From the 'tips from new parents' brochure

Doctor

Midwife

From a different pamphlet or poster

Ontario Early ON

Other

From the MCYS website

From the Grey Bruce Health Unit Website

Other _____

Prefer not to answer

Is there anything else you think we should know before we get in touch? _____

This information is collected under the authority of Ontario Regulation 147/91(as amended) of the Health Cards and Number Control Act and the Health Promotion Act, Section 7, R.S.O., c.H.7. It will be used for identification of families in need of support, referral to appropriate community resources and to provide data for planning, coordinating and evaluating current services for future resources allocations. This material may contain confidential or personal information which may be subject to the provisions of the Municipal Freedom of Information and protection of Privacy Act. Any unauthorized review, use, disclosure or distribution is prohibited. Questions regarding this collection should be forwarded to: Grey Bruce Health Unit, 101 17th Street East, Owen Sound, Ontario, N4K 0A5 519-376-9420