



Referral to Welcome Baby Program

(Please fax completed form to the program associated with the delivery hospital indicated below.)

- Antelope Valley Hospital
Lancaster
Fax: (661) 951-9715
- California Hospital Medical Center | *Metro Los Angeles*
Fax: (213) 213-1276
- Centinela Hospital Medical Center | *Inglewood*
Fax: (310) 668-3458
- Citrus Valley Health Partners (Queen of the Valley)
West Covina
Fax: (626) 813-7803
- Martin Luther King, Jr. Community Hospital
Willowbrook/Watts
Fax: (310) 668-3458
- Miller Children's and Women's Hospital | *Long Beach*
Fax: (562) 595-1051
- Northridge Hospital Medical Center | *Northridge*
Fax: (818) 700-2373
- Providence Holy Cross Medical Center | *Mission Hills*
Fax: (818) 496-4614
- Providence Little Co. of Mary Medical Center | *San Pedro*
Fax: (310) 513-0417
- St. Francis Medical Center
Lynwood
Fax: (310) 900-4719
- St. Mary Medical Center
Long Beach
Fax: (562) 491-9824
- Torrance Memorial Medical Center | *Torrance*
Fax: (310) 513-0417
- Valley Presbyterian Hospital
Van Nuys
Fax: (818) 781-8130
- White Memorial Medical Center
East/South East Los Angeles
Fax: (323) 881-8603

Date: _____ Referring Agency/Office: _____

Referred by: _____ Phone: _____

Email Address: _____

Client Information

I Am Referring: _____
Print Client's Full Name

Address: _____ Apt.#: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone: _____ Alternate Phone: _____

Best Time to Call: _____ Text Message OK? Yes No

Language Preferred: English Spanish Other: _____

Client's Date of Birth: _____ Expected Due Date: _____

Delivery Hospital*: _____

***Welcome Baby Referrals:** Select the participating Welcome Baby hospital at which the client plans to deliver (see left column). Client **must** plan to deliver at one of these hospitals to enroll.

Authorization of Release

I give permission for a representative of Welcome Baby to contact me regarding possible enrollment in the Welcome Baby program. Welcome Baby may also contact the agency that referred me in order to confirm my enrollment.

Yo autorizo que un representante de Welcome Baby se comuniqué conmigo sobre la posibilidad de inscribirme en el programa Welcome Baby. Welcome Baby también puede comunicarse con la agencia de referencia para confirmar mi participación.

My decision to participate is voluntary and will not affect my eligibility to receive any other services.
Mi decisión de participar es voluntaria y no afectará mi elegibilidad para recibir otros servicios.

Printed Name/Nombre: _____

Signature/Firma: _____ Date/Fecha: _____

Please indicate if Welcome Baby may send information to the address listed above.

Por favor, indique si Welcome Baby también puede enviar información a la dirección que aparece arriba. Yes *Sí* No

Urgent? Yes No Reason: _____

Additional Comments: _____

