



## 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) 496-4462
- 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: \_\_\_\_\_

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: \_\_\_\_\_

