



# Referral to Welcome Baby Program From PHFE WIC

(Please fax form to the program associated with the delivery hospital indicated at left.)

- Antelope Valley Medical Center  
*Lancaster*  
Phone: (661) 942-4719  
Fax: (661) 951-9715
- California Hospital Medical Center  
*Metro Los Angeles*  
Phone: (213) 342-3127  
Fax: (213) 213-1276
- Emanate Health Queen of the Valley Hospital  
*West Covina*  
Phone: (626) 851-2749  
Fax: (626) 813-7803
- Martin Luther King, Jr. Community Hospital  
*Willowbrook/Watts*  
Phone: (323) 242-5000, ext. 2205  
Fax: (323) 668-3458
- MemorialCare Miller Children's & Women's Hospital Long Beach  
*Long Beach*  
Phone: (562) 933-2410  
Fax: (562) 595-1051
- Providence Holy Cross Medical Center  
*Mission Hills*  
Phone: (818) 496-4173  
Fax: (818) 496-4614
- St. Francis Medical Center  
*Lynwood*  
Phone: (310) 900-4710  
Fax: (310) 900-4719
- St. Mary Medical Center  
*Long Beach*  
Phone: (562) 491-4841  
Fax: (562) 491-9824
- White Memorial Medical Center  
*East/South East Los Angeles*  
Phone: (323) 260-5712  
Fax: (323) 881-8603

Date: \_\_\_\_\_ Referring PHFE WIC Office: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Client/Patient Information

I Am Referring: \_\_\_\_\_  
Print Client's Full Name

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ OK to send text?  Yes  No

Email: \_\_\_\_\_ OK to send email?  Yes  No

Language Preferred:  English  Spanish  Other: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_

Delivery Hospital\*: \_\_\_\_\_

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

## 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. A representative of Welcome Baby or a partner home visiting agency may search First 5 LA's electronic system in order to confirm that I am not currently enrolled and actively participating in Welcome Baby or another home visiting program in the network.

*Yo autorizo que un representante de Welcome Baby se comunice 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. Un representante de Welcome Baby o una agencia asociada de visitas domiciliarias puede buscar el sistema electrónico de First 5 LA para confirmar que actualmente yo no esté inscrito(a) ni participando activamente en Welcome Baby o en otro programa de visitas domiciliarias dentro de la red.*

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: \_\_\_\_\_