



Referral to Welcome Baby Program

(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 Agency/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 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. 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: _____