



Referral Form – SafeCare
Humboldt County Dept. of Health & Human Services
Public Health Branch
908 7th Street, Eureka, CA 95501
Email: SafeCare@co.humboldt.ca.us
PHONE: (707) 445-6211 FAX: (707) 476-4960

SafeCare:

- SafeCare is a parenting program for adults with children 0 - 5
- Parents learn how their parenting decisions and actions affect their child's growth and development
- Your SafeCare provider will visit once a week via zoom or in-person for around 18 to 20 weeks for program completion

Please ensure to fill form out completely for the most rapid referral response

Referring Agency:		E-mail:	
Date referred to SafeCare:		Referring Party:	
		Title:	
Phone:		Cell:	
		Fax:	
Parent/Guardian Information:			
Name:		AKA:	DOB:
Mailing Address:		City:	Zip:
Physical Address:		City:	Zip:
Directions:			
Home Phone:		Cell Phone:	Email:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Primary Language:		Ethnicity:
			Race:
Guardian's Relationship to Child:			
<input type="checkbox"/> Substitute Care Provider <input type="checkbox"/> NREFM (Non-Related Extended Family Member or Family Friend) <input type="checkbox"/> REL (Relative) <input type="checkbox"/> Birth Parent			
Pregnant? Yes No EDD:		Has client consented to SafeCare referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child/Children Name: <i>Name</i>		<i>DOB (or age)</i>	<i>M/F</i>
<i>Relationship</i>			
BARRIERS:			
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Drug/Alcohol History	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Homeless
			<input type="checkbox"/> Non-English Speaker
			<input type="checkbox"/> Other: _____
REASON FOR REFERRAL – PROVIDE A BRIEF DESCRIPTION:			
CWS case status: ER PP CT VOL FR Open Closed		CAPTA referral: Yes No	
REFERRAL DISPOSITION		THIS SECTION TO BE COMPLETED BY PUBLIC HEALTH STAFF ONLY	
Case Open – Assigned to:		Date:	
<input type="checkbox"/> Not opened	<input type="checkbox"/> Declined service	<input type="checkbox"/> Doesn't meet program criteria	
<input type="checkbox"/> Unable to contact	<input type="checkbox"/> Out of county	Date:	
Notes:			
Please email completed form to: SafeCare@co.humboldt.ca.us			