

Southern Tier Kids on Track

Organizations in our partnership have several voluntary programs designed to provide **parents in New York's Allegany, Chemung, Livingston, Schuylers, Steuben, and Tioga Counties** with referrals, resources, information, education and support. The programs are at no cost to families.



Intra-partnership Service Referral Form: PRENATAL/NEWBORN*

(*Please use the KOT Child Referral for **CHILDREN OVER 3 MONTHS** of age; ** Please close the loop on the referral by letting the source know if the family engaged in services.)

| Consenting Parent or Caregiver | | | | | |
|--|--|---|--|------------------------|--|
| First Name | | Last Name | | DOB: | |
| Address: | | City, State, Zip: | | County: | |
| Phone #: | | Email: | | | |
| Relationship to Child: | | Primary Parent Insurance: | <input type="checkbox"/> Medicaid <input type="checkbox"/> No insurance <input type="checkbox"/> Private Insurance | | |
| Primary Parent Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | | | | |
| Mom's earliest prenatal care: | <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months | | | | |
| C-Section?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Breastfeeding?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 st Baby?: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Secondary Parent or Caregiver | | | | | |
| First Name | | Last Name | | DOB: | |
| Address: | | City, State, Zip: | | County: | |
| Phone #: | | Email: | | Relationship to Child: | |
| Referred Infant | | | | | |
| First Name | | Last Name | | DOB: | |
| APGAR: | | Bilirubin: | | Birth Weight | |
| Discharge Weight: | | | | | |
| Gender | <input type="checkbox"/> M <input type="checkbox"/> F | Pediatrician: | | School or Child Care: | |
| Other Children in the Home (use additional page if needed) | | | | | |
| First Name | Last Name | Gender | DOB: | School or Child Care: | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |

| | |
|-----------------------------|--|
| Reason for Referral: | |
|-----------------------------|--|

| | | | |
|--|--|--------------|--|
| Consenting Parent Signature: | | Date: | |
| Consenting Parent Name: | | | |
| <p>By signing above, I give permission for the appropriate partner programs on the reverse of this form to contact me to offer more information and services available to me and my family. I understand that the outcome of the referral will be recorded by the Kids On Track partnership in its database.</p> | | | |

| |
|---|
| <p>Source of referral:</p> <p>Name: _____</p> <p>Agency: _____</p> <p>Phone #: _____</p> <p>Email: _____</p> |
|---|

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|--|
| <p>Please return completed referral form to:</p> <p>Healthy Families Steuben Attention: Allie Whaley Mail: 36 E. Morris Street, Bath, NY 14810 Email: hfs.steuben@dor.org Fax: 607-622-6053 Phone: 607-776-6621</p> |
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Serving Allegany County, NY

ACCORD Birth To 5 Head Start

P: 585-268-7605 x1525

F: 585-268-7241

E: kcarr@accordcorp.org

Healthy Families

P: 716-372-8624

F: 716-372-8640

E: dtuttle@parenteducationprogram.org

Serving Chemung County, NY

CIDS

P: 607-733-6533

F: 607-733-0939

E: karens@cidsfamilies.org

EOP Birth To 5 Head Start

P: 607-733-6208 x276

F: 607-733-0598

E: awillette@cseop.org

Serving Livingston County, NY

Livingston County Public Health

P: 585-243-7299

F: 585-243-6794

E: dept-of-health@co.livingston.ny.us

Serving Schuyler County, NY

Birth To 5 Head Start

P: 607-535-6814

F: 607-535-6823

E: rprince@schuylerheadstart.org

Serving Steuben County, NY

Healthy Families

P: 607-776-6621

F: 607-622-6053

E: hfs.steuben@dor.org

Pregnancy Resource Center of the Valleys

P: 607-936-3100

Email: prcvalleys@gmail.com

Pro Action Birth To 5 Head Start AND Resilient Children & Families

P: 607-776-2125 x212

F: 607-776-3432

E: KOTReferral@proactioninc.org

Pro Action WIC (Steuben)

P: 607-776-2125 x220

F: 607-776-2803

E: KOTReferral@proactioninc.org

Steuben County Public Health

P: 607-664-2438

F: 607-664-2166

E: kpotter@steubencountyny.gov

Serving Tioga County, NY

Tioga PACT Healthy Families

P: 607-687-6145

F: 607-687-6149

E: kriewerts@lourdes.com