KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MATERNAL, CHILD AND ADOLESCENT HEALTH
1800 MT. VERNON AVE, 2ND FLOOR
BAKERSFIELD, CA 93306
Phone (661) 868-0481 Fax (661) 868-1291

black infant health
Empowering Pregnant and Mothering African American Women

BLACK INFANT HEALTH PROGRAM
Referral Form

[PART I – To Be Completed By Referring Individual / Agency]

Client Name: _____ DOB: _____

Address: _____ Zip Code: _____

Telephone Number: _____ Message Number: _____

EDC _____ Delivery Date _____ G/P _____ Care Site: _____

Medical Insurance Provider: _____

Referring Agency: _____ Title: _____

Name of Referrer: _____ Contact Number: _____

☐ Client is informed that she is being referred to BIH Services

☐ Client has received information about BIH Services Date: _____

Any Immediate Concerns:_____

[PART II – To Be Completed By Kern County Public Health – BIH Staff]

FOLLOW-UP: **ETO Case Number:** _____

☐ Client accepted BIH Services Date: _____

☐ Client declined BIH Services Date: _____

☐ Client referred to: _____ Date: _____

☐ Client Enrolled Date: _____

☐ Client Scheduled Intake Date: _____

☐ Unable to Contact Date: _____

Client Contact Letter Mailed ☐ Yes ☐ No Date: _____

FHA Assigned: _____ Date: _____

Please Fax Completed Form To The BIH Office Within 72 Hours
(661) 868-1291