



**First Connections  
Rhode Island's Infant Toddler Home Visiting  
Program**

**Child/Family Information:**

Child Name: \_\_\_\_\_  
 Child DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Childs Soc Sec#: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Mother Name: \_\_\_\_\_  
 Mothers DOB: \_\_\_\_\_  
 Mother Soc Sec#: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Referral Source:**

Provider Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Referral Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Alternate Contact/Phone: \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Other Information**  
 Health Insurance: \_\_\_\_\_  
 Insurance #: \_\_\_\_\_  
 Pediatrician: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reason for Referral:**

- |   |  |
|---|--|
| <input type="checkbox"/> Information on Infant Care/Parenting | <input type="checkbox"/> Hearing/RIHAP           |
| <input type="checkbox"/> Infant /Child Safety                 | <input type="checkbox"/> Newborn Screening       |
| <input type="checkbox"/> Social Supports, Community Linkages  | <input type="checkbox"/> WIC/Nutrition           |
| <input type="checkbox"/> Immunization                         | <input type="checkbox"/> Developmental Screening |
| <input type="checkbox"/> Housing/Home Safety                  | <input type="checkbox"/> Other _____             |

**Children's Friend & Service**

Phone: 401-721-6400  
 Fax: 401-724-9251

**Family Resources**

Phone: 401-766-0900  
 Fax: 401-767-4099

**VNS Home Health**

Phone: 401-782-0500  
 Fax: 401-788-2064

**VNS of Newport & Bristol**

Phone: 401-682-2100  
 Fax: 401-682-2112

**Additional Information:**

**Child/Family has been referred to the following additional services**

- Early Intervention     Community Based Services     Family Support     Other \_\_\_\_\_