WHAT IS HOME VISITING?

Home visiting programs are free services for parents that take place in the comfort of their own home. These programs help parents bond with their kids.

The home where a child grows, lives and learns is important to healthy development. Supportive, home-based services help parents get what they need to keep their family healthy. They also help kids to live up to their potential.

SERVICES WE CAN HELP CONNECT YOU WITH

**HEALTH**
- Vaccinations
- Vision and Hearing Screening
- Health Care/Insurance
- Dental Services
- Mental Health Services

**SUPPORT**
- Food Assistance
- Financial Supports
- Housing
- Childcare
- Substance Use Recovery
- Preschool/School Resources
- GED Services
- Transportation
- Legal Services
- Smoking Cessation
- Personal Resources (Diaper, wipes, formula etc.)

**FAMILY**
- Family Planning
- Great Start Parent Coalitions
- Early On Services
- Parenting Classes
- Playgroups
- Parent Support Groups

**WHAT IS WIC?**

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. Nurses and dietitians provide nutrition tips and health assessments. Families receive food benefits. Lactation consultants will also help coach women who are nursing. WIC is for pregnant and breastfeeding women, women with new babies (up to 6 months), infants from birth to 12 months, and children from 1 to 5 years.

**WHO CAN GET WIC?**

Residents of the State of Michigan

Meet Income Requirements*

*at or below 185% of Federal Poverty Income Guidelines, on Medicaid, or on food assistance. Guidelines change regularly so contact your local WIC office for help.
**REQUIRED SECTION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s Name:</td>
<td></td>
</tr>
<tr>
<td>Child’s Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Text:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Is the patient a first time parent?</td>
<td>□ YES or □ NO</td>
</tr>
<tr>
<td>Is the parent or child a Tribal Member or person of American Indian/Alaska Native decent?</td>
<td>□ YES or □ NO</td>
</tr>
</tbody>
</table>

Check any home visiting programs in which the patient is **currently enrolled.**

- Maternal Infant Health Program (MIHP)
- Early Head Start
- Healthy Families UP
- Parents as Teachers
- Family Spirit
- Other (please specify): [ ]

Currently enrolled in WIC? □ YES or □ NO

Current Health Insurance Coverage? □ Medicaid □ Private □ None

**OPTIONAL SECTION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant/Child</td>
<td></td>
</tr>
<tr>
<td>Head Circumference: in.</td>
<td></td>
</tr>
<tr>
<td>Current Height: cm.</td>
<td>Current Weight: gm.</td>
</tr>
<tr>
<td>Date taken:</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin:</td>
<td>Date Taken:</td>
</tr>
<tr>
<td>Weeks Gestation:</td>
<td></td>
</tr>
</tbody>
</table>

Pregnant/Postpartum Women

<table>
<thead>
<tr>
<th>Field</th>
<th>Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height: cm.</td>
<td>Weight: gm. Date taken:</td>
</tr>
<tr>
<td>Breastfeeding (or planning to): □ YES or □ NO</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin:</td>
<td>Date taken:</td>
</tr>
<tr>
<td>Date of 1st Prenatal visit:</td>
<td></td>
</tr>
<tr>
<td>Pre-Pregnancy Weight: gm.</td>
<td>Weight at Last Prenatal Visit: gm.</td>
</tr>
</tbody>
</table>

**SIGNATURES**

I understand that this information may be shared with agencies who provide home visiting services, as well as my local Health Department WIC office, so they can contact me with information to help connect me to local services. Signing this form does not guarantee services. I understand that not all services may be available in my area.

Parent/Guardian Signature: ________________________________ Date: __________________

Referring organization/agency: ____________________________

Referring Agency Signature: ______________________________ Date: __________________

Updated: 10/26/2022
Referring Agency Instructions

Submit this referral form to the services coordination hub serving your county.

**Marquette County:**
Please fax or securely email completed form to:

Marquette County Health Department  
Attn: Maternal Child Coordinator  
Fax: 906-475-4435  
Email: tgustafson@mqtco.org  
Phone: 906-315-2631

**Alger, Delta, Dickinson, Iron, Luce, Mackinac, Menominee, and Schoolcraft Counties:**
Please fax or securely email completed form to:

LMAS District Health Department  
Attn: MIHP Coordinator  
Fax: 906-341-5230  
Email: lespinoza@lmasdhd.org  
Phone: 906-324-6951 x125

**Baraga, Gogebic, Houghton, Keweenaw, and Ontonagon Counties:**
Please fax or securely email completed form to:

Western UP Health Department  
Attn: MIHP Coordinator  
Fax: 906-487-7799  
Email: cdigiorgio@wuphd.org  
Phone: 906-482-7382

**Chippewa County:**
Please fax or securely email completed form to:

Chippewa County Health Department  
Attn: MIHP Coordinator  
Fax: (906) 635-7081  
Email: czimmerman@chippewahd.com  
Phone: (906) 635-3577