



Healthy Me Healthy Baby CareScope Services

The Healthy Me Healthy Babies (HMHB) Coalition is a collective of organizations and individuals from diverse backgrounds working together to help every baby in East Texas have a happy and healthy first birthday! By joining the HMHB CareScope Services, I understand that I will have access to the collective organizations and that pertinent information may be shared between the organizations, including but not limited to:

- | | | |
|---------------------|---|-------------------------|
| Mosaic (Counseling) | East Texas Food Bank | Children’s Defense Fund |
| Texas Home Visiting | St. Paul Children’s Foundation | WIC |
| BCFS Healthy Start | UT Health Preventative Health Care
(Healthy Texas Women’s) | |

Personal Information

Name* Phone Number* Email Address*

Address * City, State, Zip

Child(ren) Name and Age *(Must be filled out upon completion)

Services being referred for:

- | | |
|--|--|
| <input type="checkbox"/> Medical care for adults | <input type="checkbox"/> Fatherhood Support |
| <input type="checkbox"/> Medical care for child(ren) | <input type="checkbox"/> Prenatal Support |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Breastfeeding Education |
| <input type="checkbox"/> Maternal Mental Health Counseling | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food | <input type="checkbox"/> Education Assistance |
| <input type="checkbox"/> Help getting on assistance programs | <input type="checkbox"/> Parenting support |
| <input type="checkbox"/> Lactation Support | <input type="checkbox"/> Other _____ |

Client Status: Male/Father Pregnant Mom Breastfeeding Mom Postpartum Mom

Urgency Level: Critical Important Normal **Language:** English Spanish

All referrals through the CareScope Services or between agencies will be for the purpose of helping me and my child achieve our goals.

I am being referred to CareScope Services by:

Referral Agency Referral Name Referral Contact

Signatures

Client Name Date Referral Name Date

**Please fax the signed and completed referral form to Community Resource Specialist at 903-592-8442.
For more information, please call 903-571-0022.**