

REFERRAL TO PRENATAL OUTREACH SUPPORT TEAM



Referral From:		
Agency:		Name:
Date:	Phone:	Fax:
Referral For:		Is Client Aware of the Referral? Y N
Client's Name:		Client's Date of Birth (YYYY/MM/DD)
Phone:		EDD/Number of weeks pregnant:
Address:		Alternative Contact:

Please provide a list of resources that the client is currently actively engaged with:

Current Concerns: (see reverse for definitions surrounding the following concerns)
Lack of Prenatal Care _____ _____
Cognitive Concerns _____ _____
Social Isolation _____ _____
Poverty (Food Insecurity/Homelessness) _____ _____
Mental Health _____ _____
Problematic Substance Use _____ _____
Domestic Violence _____ _____
Criminal Activity/Lifestyle _____ _____
Other _____ _____
Ethnicity: _____ Language: _____ Interpretation Required Y N

REFERRAL TO PRENATAL OUTREACH SUPPORT TEAM



The Prenatal Outreach Support Team (POST) is a voluntary program providing support for any vulnerable pregnant person who needs extra assistance and resources. Our goal is to develop a strong network of services to wraparound the client to better their journey. POST consists of Outreach Coordinators, a Nurse, and a Constable, who all bring unique skills, knowledge, and understanding to the program. The Outreach Coordinators provide support which included referrals to community agencies, education, portfolios, and generally ensure preparedness for baby's arrival. The Constable provides education and support through the legal process if needed, including navigating the Criminal Justice System, warrants, court dates and domestic violence.

Definitions:

Lack of Prenatal Care: Not accessing physician/midwife.

Social Isolation: No social supports (i.e. no family, friends, or supports in the community), this includes lack of cultural supports, and/or lack of transportation to access prenatal care.

Poverty: Limited access to funds, food insecurity, homelessness.

Mental Health: Untreated and/or problematic.

Problematic Substance Use: Chronic or repeated use with no treatment (includes alcohol, prescription/non-prescription drugs, illegal drugs, other chemicals).

Domestic Violence: Client is the victim or aggressor of one or more of the following:

Physical – any physical force which results in pain, discomfort or injury (i.e. hitting, shoving, kicking, etc.), forcible confinement, threats and/or assaults with a weapon or another object,

Verbal – repeated, escalating and/or threatening,

Financial – control and/or misuse of a person's financial resources without their consent,

Emotional – making a person feel worthless, humiliation, intimidation, threats (i.e. to hurt oneself, to abandon person etc.),

Spiritual – individual's spiritual beliefs are used to manipulate, dominate or control that person,

Cultural – a person is harmed because of practices that are part of their culture, religion, or tradition (i.e. honor killings).

Criminal Activity/Lifestyle: Client is involved with one or more of the following:

Gang Involvement/Affiliation,

Chronic Criminal Activity (within the last 2 years),

Drug Trade,

Sex Trade,

Victim or Perpetrator of violent crime.

Cognitive Concerns: challenges to care for self and/or child.