**Birth Doula Services Referral Form**

**Client Information**:

Name: Click or tap here to enter text. Date of Referral: Click or tap here to enter text.

Expected Due Date: Click or tap here to enter text. Client’s DOB: Click or tap here to enter text.

Client Phone: Click or tap here to enter text. 2nd Phone: Click or tap here to enter text.  Ok to LM?

Zip Code: ­­­­­­Click or tap here to enter text. Email: Click or tap here to enter text.

Primary Language: Click or tap here to enter text. Will an interpreter be needed at intake?:Yes No

**Referral Source Information**:

Referred By: Click or tap here to enter text. Phone #: Click or tap here to enter text.

Do you want to be notified of referral outcome?:  Yes  No

Verbal Consent of client to Notify Referral:  Yes  No Date: Click or tap here to enter text.

**Outreach Doula Program:**

Does your client identify as part of any of these communities:

African American  Somali  Native American/Alaskan Native  Latinx/Spanish speaking

Does your client currently receive TANF, specifically TANF WorkFirst? Yes  No

Would your client be interested in our Outreach Doula Program: Open Arms’ Outreach Doula program connects women to outreach doulas – women who are from their community and who are specially trained to provide support during the sensitive first months of pregnancy through a child’s second birthday.  Yes  No

**Additional Notes**: Click or tap here to enter text.

Does your client receive any of the following benefits (check all that apply):

TANF (WorkFirst) WIC DSHS  PHN/NFP  Medicaid/Apple Health