**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