Wee Care
Funded by DSHS

# PREGNANT/POSTPARTUM INTERVENTION (PPI) PROGRAM
# REFERRAL FORM

**Client Information:** **Date:** _____

Name: _____ DOB: _____

Phone: _____ Alt. Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

☐ **Investigations**
☐ **FBSS**
☐ **CVS**

**Referring Agency Name:** _____ Staff name/position: _____

Address: _____

Office Phone: _____ Alt. Phone: _____

Email: _____

**Referred to**: **LifeSteps "Wee Care" Program** Reason for referral: _____

_____

**CLIENT IS: (check ✓)** _____ ***PREGNANT*? (How many weeks? _____ )** _____ ***POSTPARTUM?***

**Youngest child's Date Of Birth** _____

**Has client had *current* or *past* involvement with DFPS?** _____ **Yes** _____ **No**

**Consent to share information:**

I, _____ agree to allow _____
*(Print name)* *(Name of referring agency)*
to **share AND receive** pertinent information regarding my referral to LifeSteps for services.

_____ _____
*Client Signature* *Date Signed*

_____ _____
*Referring Staff Signature* *Date Signed*

**For Office Use:**

**Notes:** _____

_____

_____

**EMAIL to: weecare@lifestepscouncil.org | Fax to: 512-869-1667**

**(DFPS users must add 1+1+512-869-1667 to fax to LifeSteps)**

LifeSteps Council on Alcohol and Drugs
P.O. Box 1279, Georgetown, TX 78627
512-869-2571

LifeSteps

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