

# SafeCare® Colorado Referral Form

NORTHWEST COLORADO  
**HEALTH**

## Referral Source Information

Referral agency: \_\_\_\_\_ Date of referral: \_\_\_\_\_

\*Individual making referral: \_\_\_\_\_ \*Contact # or Email: \_\_\_\_\_

## Check all that apply

### Family Characteristics

- ☐ Child with special needs
- ☐ Housing issues (instability, hazardous, etc.)
- ☐ Multiple children ≤ 5 years in the home
- ☐ Public assistance recipient
- ☐ Single parent (including absent partner)
- ☐ Stepfather or unrelated male caregiver in home

### Caregiver(s) Characteristics

- ☐ Any prior report to child welfare
- ☐ Childhood experience of abuse/neglect
- ☐ Violence in the home
- ☐ Less than high school education
- ☐ Mental health issue
- ☐ Substance use issue
- ☐ Young caregiver age (< 20)

Notes (e.g. Current services; important information about family): \_\_\_\_\_

## Family Information

### **What information do I need to get from families to make the referral?**

\*Child age five or younger living in the home: Yes ☐ No ☐

### **Household Information:**

\*Identified caregiver name: \_\_\_\_\_ M ☐ F ☐ \*DOB: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to child(ren): \_\_\_\_\_ Primary language: \_\_\_\_\_

Additional caregiver name: \_\_\_\_\_ M ☐ F ☐ DOB: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to child(ren): \_\_\_\_\_ Primary language: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ \*OK for Message: Yes ☐ No ☐ Texting: Yes ☐ No ☐

## Release of Information (Optional)

I hereby authorize the person, agency, or institution entered below to supply information requested by SafeCare® Colorado, including relevant health information and results of assessments and consultations. I release the person, agency, or institution from any and all liability for supplying such information.

I also authorize SafeCare® Colorado to supply information obtained directly from me, or from any person, agency, or institution which has provided information to SafeCare® Colorado about me, to the person, agency, or institution entered below. I release SafeCare® Colorado from any and all liability for supplying such information.

\_\_\_\_\_ (printed name of person, agency, or institution)

This authorization is given only in connection with its use by SafeCare® Colorado in its administration of services and for no other purpose. I certify this request has been made voluntarily and that the information given above is accurate. I understand that this consent may be revoked at any time, with the exception that disclosure of information has already occurred prior to the receipt of the revocation by the above named provider. If written revocation is not received, the authorization will be considered valid for a period of time not to exceed 1 year from the date of signing.

Client Name: \_\_\_\_\_ (print) \_\_\_\_\_ (sign)

Date: \_\_\_\_\_

☐ Verbal Consent Received \_\_\_\_\_ (referral signature)

Date: \_\_\_\_\_

\*\*\* Must complete all areas marked with an asterisk (\*)

Funded by Colorado Office of Early Childhood. Implemented in partnership with the Kempe Center.

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## What do I tell parents about SafeCare?

"We work with Northwest Colorado Health, a community agency that provides support to families with young children. One free resource they have is called SafeCare. SafeCare is a flexible, free, and voluntary parent support program to help parents and caregivers of children ages five and under learn ways to help keep their children healthy, safe, and happy. Northwest Colorado Health could tell you more about SafeCare--may I give them your contact information?"

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## Where do I send referrals?

### **Northwest Colorado Health**

Serving Moffat and Routt counties

**Contact:** April Anthony, 970-871-7686

### **Referrals:**

Fax to 970-824-2548 or

Email [SafeCare@northwestcoloradohealth.org](mailto:SafeCare@northwestcoloradohealth.org)