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| C:\Users\mindy.good\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\P0GGHRW5\MP900409360[1].jpg | Infant and Maternal Health Services |
|  |
| **Intent:**  *Registered nurses provide health services and support to families of infants and young children in their homes or communities.* |

**Service Description:**

Young parents of infants and young children meet with a registered nurse to discuss their child’s health (growth and development) and medical needs, either in their home, at one of the Healthy Families/Thriving Communities Collaboratives, or elsewhere in the community. The nurse assesses the child’s needs, which can range from outdated immunizations to an acute or chronic health condition, and then connects the family with appropriate medical services. The nurse develops, implements, evaluates, and revises a plan of care to ensure appropriate treatment based on the child’s age, developmental level, and diagnosis. This includes a review of medications and treatments the family’s regular health care providers have authorized. As needed, nurses connect families to community resources or District agencies and monitor their follow-up health care needs.

**Who Qualifies:**

1. Families with infants or young children age 0 to 6 years old who require health support such as update of immunizations, treatment of chronic medical conditions, identification of appropriate health care providers, etc.
2. Children and teens under age 18 who are diagnosed as medically fragile.
3. Children and teens age 7 to 17 who have health needs but are not medically fragile.
4. The family must have an open in-home case with CFSA or be involved with the Healthy Families/Thriving Communities Collaboratives.

**Referral Process:**

* Social worker talks with the family about the need for nursing services and gets the parent’s consent to make a referral to the Infant and Maternal Health (IMH) Specialist.
* Social worker completes the Infant and Maternal Health Clinician Referral Form (attached) and submits it to the IMH specialist listed below.
* The IMH Specialist reviews the referral and follows up with the social worker.

**Provider/Period of Service:**

CFSA is entering into contracts for individual Infant-Maternal Health Specialists. This service is currently available in Ward 8 and will expand into additional wards in the future. If you identify a child with a medical need who lives in another ward, please contact Sandra Reed (see below).

**For More Information:**

Colette Goldston, Infant and Maternal Health specialist, Far Southeast Family Strengthening Collaborative (Ward 8), c[olette.goldston@dc.gov](mailto:olette.goldston@dc.gov), 202-889-1846

Sandra Reed, CFSA Health Services nurse supervisor, [sandra.reed@dc.gov](mailto:sandra.reed@dc.gov), 202-724-3849

Cheryl Durden, administrator, CFSA Health Services Administration, [cheryl.durden@dc.gov](mailto:cheryl.durden@dc.gov), 202-727-7049

**[ ] CFSA Community Partners Referral** CFSA Referral #:\_\_\_\_\_\_\_

Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office #:\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_ Office #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ] Collaborative Referral** Collaborative Referral #:\_\_\_\_\_\_\_\_\_\_\_

Collaborative Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office #:\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_ Office #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICE REQUESTS (Check All That Apply):**

[ ] Consultation [ ] Home Visit [ ] Medical Records [ ] Positive Toxicology (newborn) [ ] Mental Health [ ] Immunizations

[ ] ASQ 0-3 Screening [ ] Health Education (*specify topic below*) [ ] Court-Ordered Health Services [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONDITIONS:** [ ]Asthma [ ]Diabetes [ ]Failure to Thrive [ ]Obesity [ ]Seizure Disorder [ ]Cardiac [ ]Eczema [ ]High Risk Pregnancy

**COMMENTS** (Please specify reason for requests):

**FAMILY INFORMATION:**

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_ Age:\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #(s): \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_ Age:\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #(s): \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name DOB Age Gender Insurance Name Insurance # PCP Acute Health Need**

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**Provider Name Phone/Fax Date of Last Visit**

Primary Care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optometrist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatrist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSCSN Case Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_