



30 W. Barnard St. #1  
 West Chester, PA 19382  
 P: 610-344-5370  
 F: 610-344-5279  
 mchc@ccmchc.org  
 ccmchc.org

**MCHC PROGRAMS REFERRAL**

*Coatesville, Oxford, Kennett Square, Phoenixville, West Chester, Pottstown  
 Healthy Start / Family Benefits / Family Center*

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

**Referral source**

Agency/org: \_\_\_\_\_

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_

**General Client Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, PA Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 (Black, White, Asian, Pacific Islander, American Indian, Multi-Racial, Unknown) (Hispanic, Non-Hispanic)

**Healthy Start (home-visiting program for pregnant and parenting women of a child less than 1-month-old and mothers with high needs)**

Prenatal/Pediatric Care Provider: \_\_\_\_\_

EDD: \_\_\_\_\_ Baby's DOB: \_\_\_\_\_

Not aware of referral  Has client agreed for MCHC to contact them? Yes  No

First pregnancy? Yes  No  Is household aware of pregnancy? Yes  No

Needs prenatal care? Yes  No  Needs dental care? Yes  No

Needs food stamps? Yes  No  Needs health insurance? Yes  No

Needs to enroll in WIC? Yes  No

Other: \_\_\_\_\_

**Family Benefits (assistance to apply for benefits for themselves or any family member)**

Needs health insurance? Yes  No  Needs Food Stamps? Yes  No  Needs cash assistance? Yes  No

Other: \_\_\_\_\_

**Family Center (Southern Chester County home-visiting program for parents of child aged 0-5 years-old)**

Child name: \_\_\_\_\_

Child DOB: \_\_\_\_\_ # children in household under 5 years-old: \_\_\_\_\_