



**First 5**  
San Diego

**PARTNER**

### Healthy Development Services Referral Form

Please fax referrals to regional lead fax numbers listed below. See list of zip codes for regional boundaries.

Referral status:  Initial Referral  Services Provided/Follow Up

FAX	Central (619) 544-0308	North Central: (858) 966-7521	North Inland: (760) 796-6855
	East: (619) 444-0884	North Coastal: (858) 259-3570	South: (619) 420-8722

Organization Referred from:	Contact person:	Phone:	Fax:
Organization Referred to:	Contact person:	Phone:	Fax:
Date:	Child's Name:	Child's Language:	Child's DOB:
Name of Parent/ Primary Caregiver:	Caregiver Phone:	Alternate Phone:	

Parent/Caregiver Address:

Relationship to child:	Foster parent? <input type="checkbox"/>	Primary Care/Child Care Zip Code (If applicable):
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Caregiver aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Meets low-income guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the child have medical insurance?  Yes  No; refer to F5 Healthcare Access

<b>Services Requested:</b> <small>Contact regions for more information on available services.</small>	<input type="checkbox"/> Parent Support/Empowerment	<input type="checkbox"/> Newborn Home Visit	<input type="checkbox"/> Vision
	<input type="checkbox"/> Behavioral Services	<input type="checkbox"/> At-Risk Home Visit	<input type="checkbox"/> Hearing
	<input type="checkbox"/> Health/Behavioral Consulting	<input type="checkbox"/> Developmental Services	<input type="checkbox"/> Speech/Language
	<input type="checkbox"/> Care Coordination	<b>Specifically:</b>	

Services currently received from within HDS network:

Services currently received from other sources:

Notes/Comments:

<p align="center"><b><u>Consent for Release of Information:</u></b></p> <p>I, _____ (print name) authorize the organizations listed above to contact me regarding the child listed above for the purpose of delivering the services requested. I understand that this release includes exchanging only the information listed here as it pertains to coordinating this referral for this child. Verbal Consent: <input type="checkbox"/></p>	<p align="center"><b><u>Autorización Para Dar y Recibir Información:</u></b></p> <p>Yo, _____ (nombre en letra de molde) autorizo a las agencias indicadas para comunicarse conmigo sobre los servicios requeridos y relacionados a mi hijo/a. Entiendo que con este documento doy permiso para intercambiar solamente la información indicada, perteneciente a la coordinación de servicios para mi hijo/a. Autorización Verbal: <input type="checkbox"/></p>
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Parent/Caregiver Signature/Firma: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

**RECIPIENT: PLEASE CONFIRM INITIAL RECEIPT OF REFERRAL WITHIN 2 BUSINESS DAYS**  
↓ **BELOW TO BE COMPLETED BY RECIPIENT AND FAXED BACK WITHIN 30 BUSINESS DAYS:** ↓

An appointment has been scheduled for	Date: _____	Time: _____
No appointment scheduled because:	<input type="checkbox"/> Parent/caregiver refused services	<input type="checkbox"/> Unable to contact parent/caregiver
	<input type="checkbox"/> Client is on a wait list	<input type="checkbox"/> Other:

Additional conditions or considerations for release of information:

## San Diego County Geographic Zip codes and HHS Regional Boundaries

(Only current geographic zipcodes-historic and P.O. Box zipcodes not included - please contact Adrienne Perry if desired)

Central	East	North Central	North Coastal	North Inland	South
92101	91901	92037	92007	92003	91902
92102	91905	92093	92008	92004	91910
92103	91906	92106	92009	92025	91911
92104	91916	92107	92010	92026	91913
92105	91917	92108	92011	92027	91914
92113	91931	92109	92014	92028	91915
92114	91934	92110	92024	92029	91932
92115	91935	92111	92054	92036	91950
92116	91941	92117	92055	92059	92118
92134	91942	92119	92056	92060	92135
92136	91945	92120	92057	92061	92154
92139	91948	92121	92058	92064	92155
92182	91962	92122	92067	92065	92173
	91963	92123	92075	92066	
	91977	92124	92081	92069	
	91978	92126	92083	92070	
	91980	92130	92084	92078	
	92019	92131	92091	92082	
	92020	92140	92672	92086	
	92021	92145		92096	
	92040	92161		92127	
	92071			92128	
				92129	
				92259	
				92536	

Source: SanGIS, 09/07.



County of San Diego  
 Health and Human Services  
 Strategic Planning & Operational Support  
 Office of Strategy Management