



126 W. Coal Avenues, Gallup, NM 87301  
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### Home Visitation Program Intake Referral Request

**Family Information:**

Date: \_\_\_ / \_\_\_ / \_\_\_  
Primary Caregiver(s) Name: \_\_\_\_\_  
DOB: \_\_\_ / \_\_\_ / \_\_\_  
Relationship: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Child's DOB or Estimated Due Date: \_\_\_ / \_\_\_ / \_\_\_  
Gender: F / M      Age: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_  
Physical Address (Street Number and Name, City, Zip) : \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Primary Language Spoken in the Home: \_\_\_\_\_  
Primary caregiver's first child? Yes/No    Involved with any other home visiting program? Yes/No

**Consent for Intake Referral:**

I give my permission to share the information on this intake form with Avenues Early Childhood Services to make the appropriate referral for services.

Signature of person making referral: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Relationship to family: \_\_\_\_\_

**Source of Referral:**

Name of Agency/ Provider/ Facility: \_\_\_\_\_

Name of Person Making the Referral: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Would you like to be contacted about the status of your referral? YES/NO

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

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

**For Avenues ECS Staff Use Only:**

Date Received by Employee: \_\_\_ / \_\_\_ / \_\_\_

Received By (Staff Name): \_\_\_\_\_

Enrolled:

- Child Development
- Community Resources
- Other: \_\_\_\_\_

Opted Out:

- Time/ Scheduling Conflict
- Program Doesn't Fit Needs
- No Longer Interested
- Resides Outside of McKinley County
- Other: \_\_\_\_\_

# For Avenues ECS Staff Use Only:

## Attempts to Contact:

**Codes:**      **PC= Phone Contact**      **LS= Letter Sent**      **HV= Home Visit**      **E=Email**

Date:	Contact Code:	Contact Made	Comments:
____ / ____ / ____	_____	____ Yes ____ No	_____
Date:	Contact Code:	Contact Made	Comments:
____ / ____ / ____	_____	____ Yes ____ No	_____
Date:	Contact Code:	Contact Made	Comments:
____ / ____ / ____	_____	____ Yes ____ No	_____
Date:	Contact Code:	Contact Made	Comments:
____ / ____ / ____	_____	____ Yes ____ No	_____
Date:	Contact Code:	Contact Made	Comments:
____ / ____ / ____	_____	____ Yes ____ No	_____
Closed Date:	____ / ____ / ____		