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REFERRAL INTAKE FORM

Date: _____

Individual Referred:

*Name: _____ *DOB: _____ *Due Date: _____

*Address: _____

*Phone: _____

*Using Services: Medicaid _____ WIC _____ SNAP _____ TANF _____

Primary Language: _____ Current Interpreter: _____

***Referral must be a first time pregnant or parenting mom**

These are some of the reasons I think the above person may benefit from Bright Start:

- Teen Parent
- Single Parent
- Unemployment/low income
- History or current depression
- Late or No Prenatal Care/Poor Compliance
- History or current substance abuse
- History or current abuse
- Limited resources/support

Please explain the situation:

Individual Referring:

Name: _____ Agency: _____ Phone number: () _____

Nurse Assigned: _____ Date: _____

1st contact date _____ 2nd contact date _____ disposition date _____