 ***The Naomi Project a Program at Britepaths (formerly Our Daily Bread) CONFIDENTIAL***

***4080 Chain Bridge Road, 2nd Floor, Fairfax City, VA 22030*** ***naomiproject@hotmail.com***

***Phone: 703-860-2633 Fax: 800-657-9491*** [***www.britepaths.org/our-programs/naomi-project***](http://www.britepaths.org/our-programs/naomi-project)

**Naomi Project Referral Form:**

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| **Client Information:****First Name:                                                                          Last Name:****Date of Birth: Last 4 digits of SSN:****Address:**(street)                                                                    (apt #)(city, zip)**Home Phone**:                              **Cell Phone:                               Work Phone**:                             **Email:****Emergency Contact Name/Relationship:                                    Emergency Phone Number:** |
| **Referrer Information:****Name:                                                                       Title:****Agency**:                                                                                     **Phone Number(s):****Email: Date of referral:** |
| **Due date:** **Or,  Baby’s DOB:****# of pregnancies:     # of births:****# of children,** their location(s)**:** | **Is the client receiving prenatal care?**(  ) Yes       (  ) No      (  ) Poor compliance**If yes, how many weeks pregnant at first visit?** | **Has transportation?**( ) Yes    (  ) No |
| **FOB involved?**   (  ) Yes    (  )  No**History of DV?**   (  ) Yes     (  ) No**Family involvement/support?** (  ) yes     (  ) no | **Employment Status:**(  )  Employed     (  )Unemployed(  )  Not Applicable        **Income: Salary/Wages:** $\_\_\_\_\_\_\_\_\_ | **Other Income:**(  )  TANF              (  )   Section 8(  )  SSDI                (  )   SSI(  )  Food Stamps   (  )  WIC                (  ) SNAP           (  ) Other:\_\_\_\_\_\_\_\_\_\_\_**Other nonprofit program assistance?** (  ) Yes     (  ) No |
| **Health insurance?**( ) Yes ( ) No ( ) Unknown**Medicaid?**( ) Yes ( ) No | **Education Level:**(  ) 0-8;        (  ) 9-12 non graduate(  )  High School graduate/GED(  ) Some College;   (  ) College grad.  **Literacy issues?** | **Marital Status:**(  ) Living with Partner,   (  ) Married  (  ) Separated   (  ) Single    (  ) Divorced  (  ) Widowed |
| **Race:**(  )   Black/African American; (  )   White/Caucasian   (  ) Middle Eastern;          (  )   Native American (  )  Asian or Pacific Islander    (  )  Other**Ethnicity:**( ) Hispanic ( ) non-Hispanic | **Special Needs of Client:**(  ) Current depression (  ) History of depression(  ) Mental Illness (  ) Alcohol Abuse(  ) Drug Abuse        (  ) HIV/AIDS(  ) Physical Disability(  ) Chronic Health Condition | **Does the client speak English?**( ) Yes   ( ) No**Preferred Language:** |
| **Housing status?**(  ) Rent   ( ) Own( ) Homeless ( ) Other**Family Type:**( ) Single Parent( ) Two-Parent ( ) Other |  **Reason for Referral:** | **Other pertinent information:** |