



**The Naomi Project a Program of Britepaths**  
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**CONFIDENTIAL**  
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<https://britepaths.org/our-programs/naomi-project>

**Naomi Project Referral Form:**

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