 ***The Naomi Project a Program at Britepaths (formerly Our Daily Bread) CONFIDENTIAL Email referral form to:*** [***naomiproject@outlook.com***](mailto:naomiproject@outlook.com) ***Fax referral form to: 703-273-7131***

**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:** |

***4080 Chain Bridge Road, 2nd Floor, Fairfax, VA 22030***

***Phone: 703-273-8829 Fax: 703-273-7131*** [***www.britepaths.org/our-programs/naomi-project***](http://www.britepaths.org/our-programs/naomi-project)