Ohio Department of Health | Stark County Health Department | Stark County THRIVE

Maternal Home Visiting Programs
Referral Form

Date Referred: _____ **Referral Source:** _____

Client's Name: _____ **Clients DOB:** _____

Phone: _____ **Alternate Phone:** _____

Address: _____ **Doctor or Clinic:** _____

Due Date/or Infants Birthday: _____ **Race:** _____

Enrolled in WIC:	YES	NO
Are you a smoker?	YES	NO
Does baby have a safe place to sleep?	YES	NO

History/Helpful Info: _____

_____

_____

Verbal or written consent was given by client for this referral:

_____

Signature of Referral Source:

Revised August 2026

Please fax completed referrals to 330-493-9932

7235 Whipple Ave. NW, North Canton, OH 44720 | 330.493.9928 | StarkHealth.org