



Healthy Families North Dakota™

Create a plan based on your story
to move your forward on your parenting journey.

- Support When you Need It
- Thrive During Challenges
- A Safe & Strong Family

*pregnancy wellness - attachment and bonding - breastfeeding
support - care and nutrition - parenting skills - financial well
being - child development - stress reduction - health & safety*

Healthy Families is completely voluntary and free.
Services often begin prenatally or early in a child's life and may
continue for three years.

Please send referrals to:
healthyfamilies@uspirend.org
OR go to our online referral form at
www.uspirend.org/healthy-families/

**Reach out to us today to create a
safe and healthy life for your child
and begin a new journey that will
help your family thrive!**



Healthy Families Referral Form

Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

County : _____ Phone: _____

Due Date: _____ # of Pregnancies: _____ # of Living Children: _____

If child is already born: Male Female

Name of Baby: _____ Date of Birth: _____

Marital Status: Married Single Separated Divorced

Are you employed? Yes No Is your partner employed: Yes No

I have enough income to provide:

Food Transportation Housing Basic Items for Baby

I have a high school diploma or GED: Yes No

I have someone I can count on for support: Yes No

My Prenatal Care was/is covered by:

Health Insurance Medicaid No Insurance Other: _____

I saw a doctor in the first 3 months of pregnancy: Yes No

I currently struggle with (or have struggled in the past with):

Anxiety Depression Substance Use Alcohol Use

Marital/Family Problems Other: _____

Have you considered adoption or other options with your current or most recent pregnancy? Yes No

Referred by (name and agency): _____

Contact Info: (phone) _____ (email) _____

I accept the invitation to participate in Healthy Families. I give permission for the referral to be used for care coordination and support. I understand that this information will be held strictly confidential.

Signature of Parent/Guardian

Date