



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
fax to 701-425-0492
OR go to our online referral form at
www.uspirend.org/healthy-families/
Phone: 701-941-2992



**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
screening tool to be used for care coordination and support, which may include
being shared with other home visiting programs in the community to better serve
me. I understand that this information will be held strictly confidential.***

Signature and Date: _____