



## HOME VISITING SERVICES REFERRAL FORM

GEOGRAPHIC AREA	MODEL	AGENCY	PHONE	REFERRAL EMAIL ADDRESS
East Hawaii - Hilo	PAT	Child and Family Service	(808) 935-2188	<a href="mailto:sfhvphilo@cfs-hawaii.org">sfhvphilo@cfs-hawaii.org</a>
West Hawaii - Kona	PAT	Family Support Hawaii	(808) 326-7778	<a href="mailto:lwhitemore@fsswh.org">lwhitemore@fsswh.org</a>
Lanai	PAT	Maui Family Support Services, Inc.	(808) 565-7484	<a href="mailto:Shelly@mfss.org">Shelly@mfss.org</a>
Maui	PAT		(808) 242-0900	
Molokai	PAT		(808) 553-8114	
<b>Oahu: Greater Honolulu</b> Pearl City, 'Aiea, Kapālama, Sand Island, Downtown Honolulu, Makiki, Waikiki, Wai'alae, Kahala	PAT	Parents and Children Together (PACT)	(808) 841-2245	<a href="mailto:hoomaureferral@pacthawaii.org">hoomaureferral@pacthawaii.org</a>
<b>Oahu: Greater Leeward</b> Kunia, Wahiawa, Mililani, Waipahu, 'Ewa, Kapolei, Wai'anae	PAT	Child and Family Service	(808) 681-1520	<a href="mailto:sfhv-greaterleeward@cfs-hawaii.org">sfhv-greaterleeward@cfs-hawaii.org</a>
<b>Oahu: Windward &amp; North Shore</b> Hawai'i Kai, Waimānalo, Kailua, Kāne'ohe, Ka'a'awa, Hau'ula, Lā'ie, Kahuku, Hale'iwa, Waialua	HFA	Catholic Charities Hawaii	(808) 940-1924	<a href="mailto:leinaala.hilea@catholiccharitieshawaii.org">leinaala.hilea@catholiccharitieshawaii.org</a>
<b>KAUAI: Home Visiting Services are provided by Child &amp; Family Services</b> Home Visiting Services referrals are completed using the Kauai Child and Family Service's universal referral form				

Home Visiting Services (HVS) are designed to be long-term, voluntary services to help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. Home Visiting Services is available to ALL families with children zero (0) to five (5) years old.

**Eligible families include:**

- A. Parents or legal guardians (**primary participants**),
- B. Legal guardianship or adoptive families,
- C. Expectant or parenting young people in foster care or extended foster care, or
- D. Resource Caregiver's – **case by case basis** (consider referring to the contracted provider for Resource Caregiver Support Services).

**Referral Window's:**

- A. **Parents As Teachers (PAT):** Referrals can be made for families with children zero (0) to five (5) years old
- B. **Healthy Families America - Child Welfare Adaptation (HFA):** Referrals can be made for families with children prenatal through 24 months of age. *(Referrals for children past the age of 24-months and up to 5 years old may be accepted in consultation with the HVS Program Director and depending on available resources)*

**Email referral form, include all attachments, and send to providers email address above  
 (FAMILY FIRST HAWAII ELIGIBLE REFERRALS: Please also cc: [FFHReferrals@dhs.hawaii.gov](mailto:FFHReferrals@dhs.hawaii.gov))**

<b>CWS/VCM/FSS/PSS CONTACT INFORMATION*</b>			<input type="checkbox"/> CWS	<input type="checkbox"/> VCM	<input type="checkbox"/> FSS	<input type="checkbox"/> PSS
CASEWORKER NAME:				SECTION:		UNIT:
E-MAIL ADDRESS:			CELL PHONE:		WORK PHONE:	

CWS = Child Welfare Services, VCM = Voluntary Case Management Services, FSS = Family Strengthening Services, PSS = Permanency Strengthening Services

<b>CHILD INFORMATION (1)</b>						
INFANT/CHILD NAME:				GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF REFERRAL:
CPSS #/INTAKE #: <small>(case number)</small>	CWS CLIENT ID #: <small>(unique to each person)</small>	DATE OF BIRTH:		AGE:	FAMILY FIRST HAWAII ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> <li>▪ FOR CWS CASES ONLY, PLEASE PROVIDE RESOURCE CAREGIVER INFORMATION</li> <li>▪ FOR VCM, FSS, and PSS CASES, PLEASE SKIP DOWN TO PARENT INFORMATION UNDER "HOME VISITING SERVICE REQUEST"</li> </ul>						
RESOURCE CAREGIVER NAME:			DATE OF BIRTH:	RELATIONSHIP TO CHILD: <input type="checkbox"/> Non-Relative <input type="checkbox"/> Relative: _____		
ADDRESS:						
CITY:			STATE:	ZIP CODE:		
HOME PHONE:		CELL PHONE:		EMAIL ADDRESS:		
PRIMARY LANGUAGE SPOKEN IN THE HOME:		IS AN INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LANGUAGE IS NEEDED:		
NOTES:						

<b>CHILD INFORMATION (2)</b>						
INFANT/CHILD NAME:				GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF REFERRAL:
CPSS #/INTAKE #: <small>(case number)</small>	CWS CLIENT ID #: <small>(unique to each person)</small>	DATE OF BIRTH:		AGE:	FAMILY FIRST HAWAII ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> <li>▪ FOR CWS CASES ONLY, PLEASE PROVIDE RESOURCE CAREGIVER INFORMATION</li> <li>▪ FOR VCM, FSS, and PSS CASES, PLEASE SKIP DOWN TO PARENT INFORMATION UNDER "HOME VISITING SERVICE REQUEST"</li> </ul>						
RESOURCE CAREGIVER NAME:			DATE OF BIRTH:	RELATIONSHIP TO CHILD: <input type="checkbox"/> Non-Relative <input type="checkbox"/> Relative: _____		
ADDRESS:						
CITY:			STATE:	ZIP CODE:		
HOME PHONE:		CELL PHONE:		EMAIL ADDRESS:		
PRIMARY LANGUAGE SPOKEN IN THE HOME:		IS AN INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LANGUAGE IS NEEDED:		
NOTES:						

### CHILD INFORMATION (3)

INFANT/CHILD NAME:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF REFERRAL:	
CPSS #/INTAKE #: <small>(case number)</small>	CWS CLIENT ID #: <small>(unique to each person)</small>	DATE OF BIRTH:	AGE:	FAMILY FIRST HAWAII ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> <li>▪ FOR CWS CASES ONLY, PLEASE PROVIDE RESOURCE CAREGIVER INFORMATION</li> <li>▪ FOR VCM, FSS, and PSS CASES, PLEASE SKIP DOWN TO PARENT INFORMATION UNDER "HOME VISITING SERVICE REQUEST"</li> </ul>					
RESOURCE CAREGIVER NAME:		DATE OF BIRTH:	RELATIONSHIP TO CHILD: <input type="checkbox"/> Non-Relative <input type="checkbox"/> Relative: _____		
ADDRESS:					
CITY:		STATE:	ZIP CODE:		
HOME PHONE:	CELL PHONE:		EMAIL ADDRESS:		
PRIMARY LANGUAGE SPOKEN IN THE HOME:	IS AN INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LANGUAGE IS NEEDED:		
NOTES:					

### CHILD INFORMATION (4)

INFANT/CHILD NAME:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF REFERRAL:	
CPSS #/INTAKE #: <small>(case number)</small>	CWS CLIENT ID #: <small>(unique to each person)</small>	DATE OF BIRTH:	AGE:	FAMILY FIRST HAWAII ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> <li>▪ FOR CWS CASES ONLY, PLEASE PROVIDE RESOURCE CAREGIVER INFORMATION</li> <li>▪ FOR VCM, FSS, and PSS CASES, PLEASE SKIP DOWN TO PARENT INFORMATION UNDER "HOME VISITING SERVICE REQUEST"</li> </ul>					
RESOURCE CAREGIVER NAME:		DATE OF BIRTH:	RELATIONSHIP TO CHILD: <input type="checkbox"/> Non-Relative <input type="checkbox"/> Relative: _____		
ADDRESS:					
CITY:		STATE:	ZIP CODE:		
HOME PHONE:	CELL PHONE:		EMAIL ADDRESS:		
PRIMARY LANGUAGE SPOKEN IN THE HOME:	IS AN INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LANGUAGE IS NEEDED:		
NOTES:					

# PARENT/GUARDIAN SERVICE REQUEST SECTION

## HOME VISITING SERVICE REQUEST (1)

PARENT NAME:		CWS CLIENT ID #: <small>(unique to each person)</small>	RELATIONSHIP TO CHILD: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
PARENT'S MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together				
HOME ADDRESS:				
CITY:			STATE:	ZIP CODE:
DATE OF BIRTH:	AGE:	PHONE NUMBER:	EMAIL ADDRESS:	
PRIMARY LANGUAGE SPOKEN IN THE HOME:		IS AN INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LANGUAGE IS NEEDED:

## HOME VISITING SERVICE REQUEST (2)

PARENT NAME:		CWS CLIENT ID #: <small>(unique to each person)</small>	RELATIONSHIP TO CHILD: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
PARENT'S MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together				
HOME ADDRESS:				
CITY:			STATE:	ZIP CODE:
DATE OF BIRTH:	AGE:	PHONE NUMBER:	EMAIL ADDRESS:	
PRIMARY LANGUAGE SPOKEN IN THE HOME:		IS AN INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LANGUAGE IS NEEDED:

## HOME VISITING SERVICE REQUEST (3)

PARENT NAME:		CWS CLIENT ID #: <small>(unique to each person)</small>	RELATIONSHIP TO CHILD: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
PARENT'S MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together				
HOME ADDRESS:				
CITY:			STATE:	ZIP CODE:
DATE OF BIRTH:	AGE:	PHONE NUMBER:	EMAIL ADDRESS:	
PRIMARY LANGUAGE SPOKEN IN THE HOME:		IS AN INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LANGUAGE IS NEEDED:

Attach the following documents to the email (if available at time of referral):

Home Visiting Services Referral Form  Safe Family Home Report  Family Service Plan  Safety Plan  Other supporting documents

- **For ALL referrals:** email all attachments above to the referral email address provided at the top of this form.
- **For families that are identified as FAMILY FIRST HAWAII ELIGIBLE:** In addition to emailing the provider, please also cc: FFHReferrals@dhs.hawaii.gov

Date	
Caseworker Signature	