CradleME: Maine's Maternal Child Health Network

Support for all Maine families – Sign up for more information!

PART 1: FAMILY INFORMATION

Who should be contacted about the CradleME program?

Your Name: _____ Your Date of Birth: ____/_____/_____

Relationship to Child: ☐ Mom ☐ Dad ☐ Kinship Placement ☐ Non-kinship Guardian or Foster Parent ☐ Adoptive parent ☐ Other: _____

Primary Health Care or Prenatal Provider Name: _____ Primary Health Care or Prenatal Provider Phone: (_____)_____

Your Baby's Name: _____ Your Baby's Date of Birth: ____/_____/_____ ☐ Boy ☐ Girl

For multiple births, please write babies' names here: _____

Infant's Doctor: _____ Doctor's Phone: (_____)_____

Best Phone to Contact You: (_____)_____ Alternate Phone Number: (_____)_____

Mailing Address: _____Town: _____ Zip Code: _____

Home Address: _____Town: _____Zip Code: _____

YES! I would like to learn more about CradleME, please have a CradleME representative call me about the free services that are available for me and my baby through Public Health Nursing and Maine Families Home Visiting. I give permission for the information I have provided on this form to be shared with individuals or organizations involved with CradleME to provide me with services related to my pregnancy, birth or new baby.

Signature: X_____ **Date:**_____

PART 2: FOR HEALTH CARE PROVIDER USE ONLY

Referring Organization: _____ Referent Name: _____ Referent Phone: (_____)_____

PRENATAL WOMAN	POSTPARTUM WOMAN	NEWBORN OR INFANT
Name: **DOB:**	**Name:** **DOB:**	**Name:** **DOB:**
Reason for referral--Please check all that apply below:	Reason for referral--Please check all that apply below:	Reason for referral--Please check all that apply below:
☐ **WELL-PREGNANCY AND PARENTING SUPPORT AND EDUCATION**	☐ **PARENTING AND INFANT CARE SUPPORT AND EDUCATION**	☐ **INFANT FEEDING SUPPORT AND EDUCATION**: ❍Breastfeeding ❍Breast & Bottle ❍Bottle
☐ **CONCERNS FOR FOLLOW-UP BY NURSE AND/OR FAMILY VISITOR**- Share concern below (Substance use, medical, or psycho-social concerns please explain below)	☐ **CONCERNS FOR FOLLOW-UP BY NURSE AND/OR FAMILY VISITOR**- Share concern below (Substance use, medical, or psycho-social concerns please explain below)	☐ **CONCERNS FOR FOLLOW-UP BY NURSE AND/OR FAMILY VISITOR**- Share concern below

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Please complete this CradleME form and FAX to: (207) 287-4577 Call us with questions at: 1-888-644-1130

01/22/2019