CradleME is a Connection to Supporting Services and Resources

Available to all Pregnant and/or Parenting Individuals and Families in Maine

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

Parents First and Last Name:	**Date of Birth:**
Estimated Due Date:	**Discharge Date:**
Relationship to Child: ☐ Mom ☐ Dad ☐ Kin Placement ☐ Guardian/ Foster/ Resource Parent	
Interpreter Needed? ☐ Yes ☐ No **if yes, language needed:**	
Phone Number: _____ Other Phone or e-mail: _____ Ok to text? ☐ Yes ☐ No	
Mailing Address: _____ Town: _____ Zip Code: _____	
Home Address: _____ Town: _____ Zip Code: _____	
Parent's Health Care or Prenatal Provider Name:	**Phone:**

Child(s) First Last Name:	**Date of Birth:**	**☐ Male ☐ Female ☐ Other ☐ First Baby?**
Child(s) First Last Name:	**Date of Birth:**	**☐ Male ☐ Female ☐ Other ☐ First Baby?**
Child's Health Care Provider Name: _____		**Phone: _____**
Child's Anticipated Discharge Date: _____		

CradleME services and supports

If you want to receive a call or text to learn more about the services listed below, check any or all boxes:

☐	**Public Health Nursing:** Provides in person or virtual education, assessment, and breastfeeding support during your pregnancy and after birth to ensure the health of the family and infant, as well as provide coordination of care with community resources, and referrals. Our nurses are Certified Lactation Counselors.
☐	**WIC Nutrition Program:** A supplemental nutrition program for Women, Infants, and Children offering complete nutrition care, including healthy food benefits, breastfeeding support, and referrals.
☐	**Early Intervention for ME:** A statewide system of early intervention services for infants and toddlers (birth through age 3) with developmental delays or diagnosed conditions that may lead to future developmental delays, and their families. Free/voluntary.
☐	**MaineMOM Services:** Substance use services for pregnant & postpartum individuals.

You will also receive a call or text from Maine Families Home Visiting Program. All people who are pregnant or families with a newborn can have support from the Maine Families Home Visiting Program. Maine Families Visitors can meet in-person or virtually and help with parenting, supporting your child's development, and the day-to-day challenges of family life.

If you **do not** want a call or text from Maine Families, check this box: ☐

_____ Signature

_____ Date

_____ Printed Name

☐ **Verbal Permission has been received**

☐ **Family First Prevention- (OCFS use only-include ROI) Case ID** _____

REFERRING ORGANIZATION: PLEASE COMPLETE

*Organization: _____ *Name: _____ *Phone: _____

To Add Other Documents/Attachments **CLICK HERE**

CradleME Request PAGE 2

For Public Health Nursing fill out page 2 & send with Page 1 by FAX 207-287-4577

Suggested documents: please include a release of information form along with supporting office notes or discharge summary for mom and baby when available. If any health concern is noted below, please consider checking off the public health nurse support box on page 1.

Prenatal Needs	Postpartum Needs	Infant or Child Needs
Name:	**Name:**	**Name:**
DOB:	**DOB:**	**DOB:**
Check all that apply: ☐ Accident or injury in pregnancy ☐ Behavioral / mental health-related risk factors Please specify: _____ ☐ Child welfare involvement ☐ Emergency Department follow-up during pregnancy ☐ Missed prenatal visits or late onset of care ☐ Fetal surveillance that supplements care by OB provider ☐ Medications requiring nursing assessment of the medication regime (dose, side effects, compliance) and the condition for which it was prescribed. _____ ☐ Chronic health condition ☐ Complications of pregnancy: Fetal or placental ☐ Complications of pregnancy: Maternal ☐ Developmental or physical disability ☐ Diabetes in pregnancy ☐ Hypertension disorders of pregnancy ☐ Multi-fetal gestation ☐ Preterm labor or contractions ☐ Substance Use Disorder ☐ Tobacco Use ☐ Marijuana/Cannabis use ☐ Alcohol use disorder ☐ Other health-related risk factors affecting pregnancy. Please specify: ☐ Psycho-social issues*, please specify:	Check all that apply: ☐ Abnormal bleeding or discharge ☐ Behavioral / mental health-related risk factors Please specify: _____ ☐ Child welfare involvement ☐ Chronic health condition ☐ Complications of labor, birth or postpartum ☐ Developmental or physical disability ☐ Substance Use Disorder ☐ Tobacco Use ☐ Marijuana/Cannabis use ☐ Alcohol Use Disorder ☐ Other Please specify: ☐ Psycho-social issues*, please specify:	☐ Plan of Safe Care Completed ☐ Substance Exposed/Affected Infant* ☐ Child welfare involvement ☐ FAS (Fetal Alcohol Syndrome)* ☐ Neonatal Abstinence Syndrome* ☐ NICU admission or discharge Other health concerns, check all that apply: ☐ Breastfeeding ☐ Breast & Bottle ☐ Bottle ☐ Birth Weight: ☐ Discharge Weight: ☐ Birth Defects that may impact feeding or development, or requiring specialized care* ☐ Birth injuries* ☐ Diagnosed with a disorder through newborn screening* ☐ Failure to thrive* ☐ Infant feeding difficulty with challenges (other than just breastfeeding) * ☐ Intrauterine growth restriction* ☐ Newborn extended stay (>4 days) ☐ Prematurity <29 weeks* ☐ Respiratory distress syndrome* ☐ Seizures* ☐ Other specific health conditions that require nursing assessment and follow up. Please specify: *Is an existing condition of risk-automatically eligible for Early Intervention for ME-consider checking box on page 1

REFERRING ORGANIZATION: PLEASE COMPLETE

*Organization:_____ *Name:_____ *Phone: _____

Revised 9/2025