

**Maternal Infant Health Program (MIHP)  
Referral Follow up Form**

Beneficiary: *Write Beneficiary name here*

Medicaid Number: *Write Beneficiary Medicaid number here*

<b>Referral Made:</b> <i>This is a list of possible referrals. Check the box to the right of the listing when the referral is made</i>	√	<b>Date of referral</b> <i>This is the date of the 1<sup>st</sup> referral to this resource</i>	<b>Date of follow up</b> <i>This is the 1<sup>st</sup> date that staff followed up on the referral</i>	<b>Referral Made:</b> <i>This is a list of possible referrals. Check the box to the right of the listing when the referral is made</i>	√	<b>Date of referral</b> <i>This is the date of the 1<sup>st</sup> referral to this resource</i>	<b>Date of follow up</b> <i>This is the 1<sup>st</sup> date that staff followed up on the referral</i>
Family Planning	<input type="checkbox"/>			Domestic Violence Services	<input type="checkbox"/>		
Plan FIRST!	<input type="checkbox"/>			Counseling	<input type="checkbox"/>		
WIC	<input type="checkbox"/>			Infant Mental Health	<input type="checkbox"/>		
Immunization	<input type="checkbox"/>			Early On®	<input type="checkbox"/>		
Medical	<input type="checkbox"/>				<input type="checkbox"/>		
Dental	<input type="checkbox"/>				<input type="checkbox"/>		
Child Birth Education	<input type="checkbox"/>				<input type="checkbox"/>		
Parenting Education	<input type="checkbox"/>				<input type="checkbox"/>		
Basic Needs	<input type="checkbox"/>				<input type="checkbox"/>		
Education	<input type="checkbox"/>				<input type="checkbox"/>		
Employment	<input type="checkbox"/>				<input type="checkbox"/>		
Baby Items	<input type="checkbox"/>				<input type="checkbox"/>		
Home Visitation/Support Program	<input type="checkbox"/>				<input type="checkbox"/>		
Child Protective Services (CPS)	<input type="checkbox"/>				<input type="checkbox"/>		
Substance Abuse Services	<input type="checkbox"/>				<input type="checkbox"/>		