



# Home Visiting Connection

## Give Your Baby a Healthy Start!

*Because babies don't come with an instruction book!*

Having a child brings big changes in your life. **The Home Visiting Connection (HVC)** of the Columbia Gorge is a network of agencies that work together to connect you to community resources that fit your needs. By completing this form, you give consent for the HVC to share your information with participating partners who will contact you to provide you with information on resources that might be helpful for you. The HVC consists **ONLY** of the following partners: Local Health Departments, The Next Door, Head Start/Early Head Start, OCDC and Early Intervention. The information you provide will not be shared beyond these partners.

**Yes, I am interested** in receiving a Welcome Baby Packet from The Next Door, which includes information for parents about infants and local resources, coupons and a gift.

**Yes, I am interested** in getting more information about family support programs.

**No, I am not interested** in family support programs at this time. *Would you please share with us why?*

\_\_\_\_\_

Your Name: \_\_\_\_\_ Your Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ (Prefer **Call, Text** or **Both?**)

*(Circle one)*

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Due Date if Pregnant \_\_\_/\_\_\_/\_\_\_

If your baby has arrived:

Baby's Name: \_\_\_\_\_ Baby's Date of Birth \_\_\_/\_\_\_/\_\_\_

Baby's Gender:  M  F

**Please fax completed form to:**  
**Hood River: 541-386-9181/ North Central (Wasco, Sherman, Gilliam, Wheeler) 541-506-2601**

Referral Source: _____	Date Received: _____	Services: IHV	WB packet	Refusal	UTC	NBQ: Y N	Consent: Y N
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