San Diego County
Central
Black Infant Health (BIH) Program
REFERRAL FORM

286 EUCLID AVENUE, SUITE 308, SAN DIEGO, CA 92114 | (619) 266-7466 | WWW.SDBIH.ORG

Eligibility:

- Self-identify as Black or African American
- 16 years of age or older
- Pregnant or up to 6 months postpartum

Complete & Submit Form Either By:

- Fax: (619) 262-9188
- Click: "SUBMIT FORM" at the bottom
- Email: BIH@NEIGHBORHOODHOUSE.ORG
- Call: (619) 266-7466 for pick-up

MOTHER'S INFORMATION

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Number of Weeks Pregnant: _____ **First-Time Mom:** ❑ Yes ❑ No

Baby's Due Date: _____ **If postpartum (within 6 months), date of delivery:** _____

Comments: _____

REFERRAL SOURCE

Organization: _____ **Staff:** _____

Referral Date: _____ **Phone:** _____

Fax: _____ **Email:** _____

By checking the box below, you (referring agency) are confirming the client/patient agrees to be contacted by the Black Infant Health (BIH) Program.

❑ **Yes, client/patient agrees to be contacted.** **Date:** _____

REFERRAL OUTCOME (BIH STAFF ONLY)

Referral Received: _____ **BIH Staff:** _____

Date: _____ **Comments:** _____

Date: _____ **Comments:** _____

Date: _____ **Comments:** _____

Thank you for your BIH program referral!

SUBMIT FORM CLEAR FORM

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO | black infant health Empowering Pregnant and Mothering Black Women | Black Legacy Now | 110 ANNIVERSARY 1914-2024

The San Diego County BIH Program receives funding from the State of California, Department of Public Health, Maternal, Child, and Adolescent Health Division through the County of San Diego, Health and Human Services Agency. The San Diego County BIH Program is operated by Neighborhood House Association.