



Klinik Bezoin Konin Si ti Bébé ya en dangé

Use ink. Be certain to check the appropriate boxes at the top of the birth certificate.

Pursuant to § 383.14(1)(b) and 383.011(1)(e), F.S., this form must be completed for each infant and submitted to the local County Health Department, Office of Vital Statistics.

MOTHER

Mother's Name:	First	Last	Maiden
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Mother's Date of Birth							
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INFANT

Infant's Name:	First	Last	Infant's Date of Birth	Boy	Girl
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Name of Infant's Doctor/ HMO or Group: _____ Name of birth hospital/facility: _____

Was the infant transferred? No Yes If Yes, enter name of facility transferred to: _____

Was the infant admitted to neonatal intensive care unit for more than 24 hours? No Yes Unknown

SEKSYON 1: POU PASYAN-AN

Wi _____ **Non** _____ (premye let non-ou ki nan siyati ou) Mwen ta renmen yo fe tout analiz pou pitit mwen an pou mwen ka konnin ki pwoblem sante li ka genyen le lap devlope pandan premye ane li fet la.

Wi _____ **Non** _____ (premye let non-ou ki nan siyati ou) Si yo oblije voye pitit mwen-an nan yon lot sant mwen ta konten pou pwogram "Healthy Start" ta enfome mwen.

Nimero telefonn lakay mwen se : _____ nan travay /yon lot kote se: _____

Adres kay mwen: _____

(Bay non ri ya, nimero kay la, apatman-an, tout infomasyon sou kijan pou al lakay ti bebe-a)

Adres kote yo ka ekri mwen: _____

(Si li pa menm ak adres kay la)

Wi _____ **Non** _____ (premye let non-ou ki nan siyati ou) Depi mwen siyin wi, sa vle di mwen mwen bay mo mwen ke program "Healthy Start" ka sevi ak tout sa mwen ekri nan form saa, tout sa mwen di sou mwen ak pitit mwen an pou banou sevis, pou cheche moyens pou ede nou bo kote Healthy Start care coordination providers, Healthy Start Coalitions, Healthy Families Florida, WIC ak oganizasyon kap pran nou an chag la pou yo ka: gade byen sa nou beswen, paye tout swen yap banou, banou pi bon sevis ou byen cheche lot bagay ke nou ka bezwen. Konsa nap ka jwenn swen pou sante, si tet nou pati, si nou bwe, si nou pran drog, si nou pren maladi nan fe bagay, si nou gin maladi touse(Tiberkiloz) ou byen SIDA, si nimpot moun ta maltrete nou. Otorizasyon sa a gen tout fos li sof si mwen ta siyen yon lot papye pou mwen di mwen pa vle anko.

Siyati manman ou byen papa ou byen gadyen

Dat (mwa/jou/ane)

SECTION 2: BY PROVIDER

Item numbers correspond to the numbers on the Birth Certificate. Write the point(s) on the appropriate lines, and add for the total score.

Item 54 ④ _____ Abnormal conditions include one or more of the following: Assisted Ventilation (30 min. or more), Assisted Ventilation (6 hrs. or more), NICU admission, newborn given Surfactant Replacement Therapy, Hyaline Membrane Disease/RDS, or seizure or serious neurological dysfunction.

Item 4 ④ _____ Birthweight less than 2000 grams or less than 4 pounds, 7 ounces

Item 28b ④ _____ Infant transferred within 24 hours of delivery

Item 15 ① _____ Mother unmarried

Item 26 ① _____ Principal source of payment Medicaid

Item 30 ① _____ Maternal race black

Item 19 ① _____ Father's name not present or unknown

Item 40 ① _____ Mother used tobacco in one or more trimesters

Item 36d ① _____ Prenatal visits less than 2 or unknown

Item 16 ① _____ Maternal age less than 18 or unknown

_____ Infant's Healthy Start Screening Score

CHECK ONE Referred to Healthy Start
If score less than 4 specify the reason for referral : _____

Not referred to Healthy Start

BE CERTAIN TO CHECK THE APPROPRIATE BOXES AT THE TOP OF THE BIRTH CERTIFICATE.

I have explained the Healthy Start program, and if screened, the patient's screening score.

Provider's/Interviewer's Signature and Title

Date (mo/day/yr)

NO ATTACHMENTS MAY BE ADDED TO THIS FORM.

Please complete information about the mother and infant at the top of the form even if the mother is not interested in having infant screened. Be certain to check the appropriate boxes at the top of the birth certificate. Use ink.

**Healthy Start helps moms find needed services to help reduce the risk of a sickly baby.
Healthy Families Florida promotes positive parenting and healthy child development.**

FIRST STEP - SECTION 1 Parent or Guardian

1. Please indicate screening consent by writing initials next to **yes** or **no**. Please sign name at the bottom of section 1.
2. Please indicate program consent and release of information consent by initialing next to **yes** or **no**. **Remember you must sign name at the bottom of section 1.**

SECOND STEP - SECTION 2 Provider or Interviewer

1. There are 10 items on the birth certificate used in determining the Healthy Start screening score. Those items are numbers 54, 4, 28b, 15, 26, 30, 19, 40, 36d and 16. The numbers circled below indicate the point(s) assigned to each item response. Please write the points on the appropriate line on the front of the form.
2. Add the marked points. This total is the Infant's Healthy Start Screening Score. Put this total in the appropriate space at the bottom of Section 2.
3. **Refer the infant to participate in Healthy Start Care Coordination if** (a) the infant screening score is four or more, or (b) the infant is at risk for an adverse outcome based on factors other than score, including maternal illness, homelessness, domestic violence, substance abuse, or other factors that Healthy Start care coordination or risk appropriate care might reduce.
4. Indicate referred or not referred in the appropriate spaces in Section 2.
5. Provider/Interviewer places signature, title and date at the bottom of Section 2. **Be certain to check the appropriate boxes at the top of the birth certificate.**

Number 54

If abnormal conditions include one or more of the following: Assisted ventilation required (30 minutes or more), Assisted Ventilation (6 hrs. or more), NICU admission, newborn given Surfactant Replacement Therapy, Hyaline Membrane Disease/RDS, or seizure or serious neurological dysfunction.

④

Number 30

If maternal race is black.

①

Number 4

If the infant's birth weight is less than 2000 grams or less than 4 pounds, 7 ounces.

④

Number 19

If father's name is not present or is unknown.

①

Number 28b

If infant transferred within 24 hours of delivery.

④

Number 40

If Mother used tobacco in one or more trimesters.

①

Number 15

If the mother is not married

①

Number 36d

Prenatal visits less than 2 or is unknown

①

Number 26

If principal source of payment is Medicaid

①

Number 16

If maternal age is less than 18 or is unknown

①

**Shelter, counseling, and legal aid are available to families experiencing violence. Call 1-800 500-1119
For substance abuse treatment, call the Family Health Line at 1-800-451-2229
WIC provides pregnant women and children with healthy foods! Call 1-800-342-3556**