Recruitment

Maternal, Child and Adolescent Health Division
Black Infant Health Program

BIH Eligibility Criteria
1) Self-identified African-American woman
2) At least 18 years of age at enrollment
3) No later than 26 weeks pregnant at enrollment

*Recruitment Date (*Program Start Date*): ____ / ____ / ____

PARTICIPANT INFORMATION (Add new participant)

Case Number:_____

*First Name: _____ Middle Name:_____ *Last Name:_____

Maiden Name: _____ *Participant's DOB: _____/_____/_____

Home Address (Address 1): _____ Apt/Ste/Bldg # (Address 2):_____

City: _____ State: _____ *ZIP Code: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: ( ) _____-_____ Work Phone: ( ) _____-_____

Email: _____

What is the best way to contact you? _____

REFERRAL INFORMATION (Recruitment TouchPoint)

Date Referral Made (*Provider*): ____ / ____ / ____ *BIH Staff Name: _____

*Due Date: _____/_____/_____

*First-time mom? □ Yes □ No □ Unknown

*Referral Source Type (Check primary source):	□ Social Service Provider □ Medical Provider □ County Health Department □ BIH Staff Outreach- Health fair □ BIH Staff Outreach- Street	□ Word of Mouth □ Other BIH Participant □ Returning BIH Participant (previous pregnancy) □ Media □ Other: _____

For *provider-based referrals*, was the participant information received initially via automated list/report? □ Yes □ No

Name of Referral Organization (if provider-based referral): _____

Contact Person: _____ Phone Number: ( ) _____-_____

Name of Referring BIH Staff (if health fair or street outreach): _____

Dismiss Participant from Recruitment Program (to be completed by BIH Staff)
*Program End Date: ____ / ____ /____
*Dismissal Reason:
(CHECK ONE)
□ Enrolled in BIH (consent signed)

□ Staff unable to contact
□ Not eligible
□ No time available to participate
□ Not interested
□ Needs could not be met by BIH
□ Cannot participate due to transportation, childcare, or other barriers
□ Other: _____

Fax Referrals To: Long Beach BIH Program
Fax: (562) 570-8187
Office PH: (562) 570-4323

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