Tribal Home Visiting Program
SALC

Tribal Home Visiting

Referral Form

Nurturing strong beginnings today for a thriving future across the next seven generations

Name:

DOB: Phone:

Address:

City: Zip:

PARTICIPANT INFORMATION:

		Yes	No
1.	Are you pregnant? If so, what is your due date?	◯	◯
2.	Do you need assistance receiving prenatal/postnatal care?	◯	◯
3.	Is this your first child? If no, how many additional children do you have?	◯	◯
4.	Are you an enrolled Seneca or a decendant?	◯	◯

What services are you most interested in receiving?

- ☐ 1. Education on parenting skills and child development
- ☐ 2. Seneca language education
- ☐ 3. Lactation support and breastfeeding tips
- ☐ 4. Transportation and/or accompaniment to prenatal/postnatal appointments
- ☐ 5. Assistance with connections to eligible services like WIC, Medicaid, SNAP etc.

By signing this form, I understand that a representative from Tribal Home Visiting will contact me; however, this referral is not a guarantee that I will be accepted into a home visiting program.

Signature: _____ Date:

Agency referring:

Staff referring:

This form can be emailed or mailed to:

Seneca Arts and Learning Center
25 Center Street
Salamanca, NY 14779
Mary Ann Dusza- 716-951-7509
THV@SNI.ORG

Please note the Seneca Nation Tribal home visiting program is voluntary and free for pregnant and parenting families.