

Received:
Filled:

Materials Order Form

Fax order to Kathy Lightsey, LBSW @ 334-272-4614

Date:	Date Materials Needed: <i>*Must give 2 wk notice for enrollment packs</i>
Care Coordinator Name:	
Site of Care:	County:

Amount Needed	Item	Amount Needed	Item
ENROLLMENT ENCOUNTER		HOSPITAL ENCOUNTER	
	Enrollment Packs:: District #6 ____ District #10 ____		Hospital Encounter Template
	Enrollment/Agreement to Receive Prenatal Care Forms		<i>Working Together to Promote Breastfeeding</i>
	Community Resource Lists– List County (ies):		<i>Taking Care of Your Baby's Teeth</i>
	Information Cards		<i>It's Your Choice</i>
	Sleeves for Information Cards	POSTPARTUM ENCOUNTER (High Risk)	
	Psychosocial Assessment Worksheet/ Case Plan		Postpartum Encounter Template
	Initial Maternity Risk Assessment Tool		<i>Plan Ahead for a Healthy Baby</i>
	Domestic Violence Screening Tool		<i>Postpartum Information Handout</i>
	Maternity Care Program Fact Sheet/Rights & Duties	OTHER FORMS/SUPPLIES	
	Personalized Safety Plan		Breastfeeding Follow Up Form
	Childbirth Class Registration Forms (District #10 only)		Service Reports
	Notice of Privacy Practices (White HIPAA Form)		GOL MCP Program Brochures for District #_____
	Request for Confidential Communications (Orange HIPAA Form)		Mailing Labels: <input type="checkbox"/> Paige Mitchell <input type="checkbox"/> GOL Office
	Request for Restriction on Use and Disclosure of Protected Health Info. (Green HIPAA Form)		Change of Address Form
	Patient 1 st Registration Form		Plan 1 st Care Coordinator Referral Form
	<i>A Healthy Baby Starts Before Baby's Born</i> Brochure		Notification of DHCP Change/ Program Dropout Form
	<i>Plan 1st</i> Brochure		Physician (DHCP) Insurance Verification Form/TPL
	<i>Safety for Sleeping Babies</i> Brochure		Tickler Cards
	<i>Healthy Teeth for You and Your Baby</i> Brochure		Risk Status Update Form
	<i>Reasons to Breastfeed/Benefits of Breastfeeding to the Mother</i> Handout		Other:
	<i>Alabama Medicaid Covered Services and Co-payments</i> (yellow) Handout		
	<i>Smoke-Free for a Healthy Baby</i> (smokers only)		
	<i>Family Planning</i> Handout		
SECOND ENCOUNTER			
	2 nd Encounter Template (High Risk)		
	2 nd Encounter Template (Low Risk)		
	<i>Preparing for Your Baby</i> Handout		
PRE-DELIVERY ENCOUNTER (HighRisk)			
	Pre-Delivery Encounter Template		