



How YOU Birth Doula Services

Client Referral Form

The How YOU Birth Doula initiative mission is to provide compassionate support to late pregnancy, labor, birth and early postpartum period to birthing persons of color. We will actively work to make doula services available to anyone who needs them regardless of financial barriers.

Eligibility Criteria: Medicaid recipient, at least 16 weeks pregnant

Please email the completed referral to: howyoubirth@gmail.com

Submission Date: _____

Name: _____ Phone: (____) _____ - _____

Best way to reach the client:

- Phone
- Text
- Email: _____

Best time to contact client:

- 8am-10am
- 10am-Noon
- Noon-2:00pm
- 2:00pm-5:00pm
- After 5:00pm

Staff use:

Client ID: _____ Enroll Date: ____/____/____ Doula Assigned: _____

Referred by: _____

Contact info: _____



Age:

- 17 years or younger
- 35-44 years
- 18-24 years
- 45 years or Older
- 25-34 years

Race/Ethnicity: (Check all that apply)

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- American Indian/Alaska Native
- Other _____

How many weeks is the client? _____

Medicaid/Insurance plan: _____

*Please email this completed referral to **howyoubirth@gmail.com***

Staff use:

Client ID: _____ Enroll Date: ____/____/____ Doula Assigned: _____

Referred by: _____ Contact info: _____