

Received:
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# Materials Order Form

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

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

Amount Needed	Item	Amount Needed	Item
<b>ENROLLMENT ENCOUNTER</b>		<b>HOSPITAL ENCOUNTER</b>	
	Enrollment Packs:: District #6 _____ District #10 _____		Hospital Encounter Template
	Enrollment/Agreement to Receive Prenatal Care Forms		Our 1 <sup>st</sup> Week Handout
	Community Resource Lists– List County (ies):		Taking Care of Your Baby's Teeth
	Information Cards		It's Your Choice
	Sleeves for Information Cards	<b>POSTPARTUM ENCOUNTER (High Risk)</b>	
	Psychosocial Assessment Worksheet/ Case Plan		Postpartum Encounter Template
	Initial Maternity Risk Assessment Tool		Plan Ahead for a Healthy Baby
	Domestic Violence Screening Tool		Postpartum Information Handout
	Maternity Care Program Fact Sheet/Rights & Duties	<b>OTHER FORMS/SUPPLIES</b>	
	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 <sup>st</sup> Registration Form		Plan 1 <sup>st</sup> Care Coordinator Referral Form
	A Healthy Baby Starts Before Baby's Born Brochure		Notification of DHCP Change/ Program Dropout Form
	Plan 1 <sup>st</sup> Brochure		Physician (DHCP) Insurance Verification Form/TPL
	Safety for Sleeping Babies Brochure		Tickler Cards
	Healthy Teeth for You and Your Baby Brochure		Risk Status Update Form
	Reasons to Breastfeed/Benefits of Breastfeeding to the Mother Handout		Other:
	Alabama Medicaid Covered Services and Co-payments (yellow) Handout		
	Smoke-Free for a Healthy Baby (smokers only)		
	Family Planning Handout		
<b>SECOND ENCOUNTER</b>			
	2 <sup>nd</sup> Encounter Template (High Risk)		
	2 <sup>nd</sup> Encounter Template (Low Risk)		
	Preparing for Your Baby Handout		
<b>PRE-DELIVERY ENCOUNTER (HighRisk)</b>			
	Pre-Delivery Encounter Template		