



**MOMS HELPLINE  
PRENATAL CARE REFERRAL NETWORK GRANT  
PARTNER APPLICATION – NO FUNDING**

State Form 9900405 (2-26)  
INDIANA DEPARTMENT OF HEALTH

**MOMS  
HELPLINE**

<b>Primary Information</b>	
Organization Legal Name	
Organization Address	
Program Contact Name & Title	
Contact Email	
Signatory Name	
Signatory Title	
Signatory Email	
Signatory <b>Textable</b> Phone Number	

1. What counties are covered in your application?

2. Please describe your organization's experience in providing prenatal care. How long has your organization been providing prenatal care?

3. What is your capacity to provide prenatal care? How many patients is your organization able to see? How often do you turn patients away because of capacity issues?

4. What provider types provide prenatal care in your organization?

5. Please indicate with a check mark which of the following expectations your organization is able to meet:

- Receive and accept referrals through the Moms Helpline online referral system. (For each referral, the organization will receive an email prompting them to log in and indicate acceptance of the referral.)
- Serve all pregnant women referred by Moms Helpline regardless of insurance type or ability to pay.
- Ensure the woman receives appointments with a physician (obstetrician, family or general practitioner) or advance practice provider (nurse midwife, nurse practitioner, physician assistant) for all prenatal care visits, with first appointment to be within 2 weeks of referral, regardless of gestational age.
- Serve all referred women in their own spoken language.
- Provide client-level data back to IDOH confirming the appointment date for each referred woman. (This will likely require that data sharing agreements be in place.)

First visit includes *(check all that apply)*:

- Lab confirmation of pregnancy
- Review of medications
- Medical history
- Physical exam
- Social needs assessment
- Mental health assessment
- Substance use screen (includes nicotine and alcohol)
- Screening for interpersonal violence
- Prenatal vitamin prescription
- Education on pregnancy and prenatal care
- Ultrasound or referral for ultrasound (if this is not done or scheduled at the first visit, please explain your process.)

