



**MOMS HELPLINE REFERRAL SYSTEM
PARTICIPATING AGENCY FOR HOME VISITING REFERRALS
ACKNOWLEDGMENT AND RESPONSIBILITIES**

State Form 9900392 (2-26)
INDIANA DEPARTMENT OF HEALTH



The Indiana Department of Health (IDOH) Moms Helpline connects pregnant women and families with young children to needed resources and supports, including home visiting services. Local partnering home visiting agencies provide personalized guidance and support during pregnancy and for at least 12 months after the baby's birth.

The purpose of this acknowledgment is to establish a referral partnership between Moms Helpline and the agency of _____ for the purposes of connecting women to perinatal home visiting services.

Please list all counties served for this purpose:

As a partnering agency, you agree to provide perinatal home visiting services as outlined above. Additionally, you agree to:

- A. Comply with the Moms Helpline Home Visiting Standards Version 4, as updated January 2026
- B. Receive referral information from Moms Helpline through our automated referral system

- a. Email contact to receive referrals _____
- b. Primary Contact when Moms Helpline has questions: _____

Name _____

Email _____

Phone _____

- C. Attempt to contact Moms Helpline referrals within 3-5 business days
- D. Require a background check, including a [Child Protective Index](#) of all home visiting staff
- E. Share data about Moms Helpline referrals back to IDOH and notify clients via consent forms that this data sharing will take place. (Note: Sharing of client-level data will require a reporting agreement.)
- F. As appropriate, refer clients to WIC services for nutrition and breastfeeding support

Note: Enrollment data will be collected at least annually. If data show over time that Moms Helpline referrals are not enrolling in your program, Moms Helpline may stop sending referrals.

Confidentiality

Each party receiving confidential information will:

- A. Not disclose information to any third party without the client's consent
- B. Maintain confidentiality of client information; and
- C. Maintain data protection and confidentiality policies

My organization _____
agrees to participate in the Moms Helpline referral system in conformance with the provisions set forth in this acknowledgement.

Printed Name _____ Date _____

Signature _____

Either party may terminate this agreement at any time by giving written notice of termination that is effective upon receipt by the other party.

DISCLAIMER: As a partnering agency, you are not entitled to receive referrals from Moms Helpline. Moms Helpline reserves the right to cease referrals to you at its discretion, any time for any reason.