FAMILY RESOURCE NAVIGATION

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LEARNING OBJECTIVES

Participants will be able to:

- Explain the functions, and benefits of the 211 service, including how it connects individuals to community resources and support services.
- Describe the steps involved in the Family Resource Navigator referral process, including how referrals are initiated and managed.
- Demonstrate how to complete and submit the Provider Referral Form to access Family Resource Navigators, including identifying key information required for the referral.

Family Resource Navigation Process

ONLINE PROVIDER REFERRAL FORM

Providers use the online referral form that offers a secure way to submit patient information to be sent to the Family Resource Navigators

FRN Email

The form is sent to an email box that only the navigators, supervisor and director have access to.

FRN Calls Client

The navigators take clients as they come in and will attempt a first contact within 2 business days. Contact could be phone, text or email based on client preference.

Call back client

If the FRN can’t reach the client on the 1st try they will try 2 more times for 3 total attempts.

Follow Up Survey

If the FRN successfully connects with the client and provides resources they will request to follow up with the client to see how the resources worked out, Provide more support, and evaluate our service.

Provider Referral Form

RESOURCE NAVIGATION & ACCESS

Family Resource Navigators will follow-up with family within 48 hours

2·1·1 Get Connected. Get Help.™

Family Resource Navigators

Online Form

Feedback on referrals made back to provider

How to access Provider Referral Form

www.pcecn.org/providers

Online Provider Referral Form

Scan QR code with your phone

How to Refer:

- Scan the QR code and complete the Online Provider Referral Form.
- Families in Pierce County may also self-refer by dialing 2-1-1.

THE NEED

Healthcare Providers are often confronted with the question of where to send their patients and families for support from community resources outside of the medical home.

REFER A PATIENT

Our PCECN Family Resource Navigators will follow up with the family within 48 business hours to connect them to community resources that meet their needs. The referral form authorizes the transfer of information between our Family Resource Navigators and you, the provider.

HOW WE CAN HELP

We support you and your office by coordinating information and community resources for your patients, and partnering for more connected services for your patients.

PIERCE COUNTY EARLY CHILDHOOD NETWORK PCECN

ONLINE PROVIDER REFERRAL FORM

Download the Provider Referral Flyer or access the Online Referral Form:

DOWNLOAD FLYER

MAKE A REFERRAL

You can also download the Provider Referral Form as a PDF by clicking here.

THE NEED

Healthcare Providers are often confronted with the question of where to send their patients and families for support from community resources outside of the medical home.

Calendly Asana Canva Box Fathom Monthly Report Fo... WebAIM: Contrast... 150 Fun Team Buil... The VEDS Movem... SMARTIE

PIERCE COUNTY EARLY CHILDHOOD NETWORK PCECN

Online Provider Referral Form

Please complete this form to make a referral. Our PCECN Family Resource Navigators will follow up with the family within 48 business hours to connect them to community resources that meet their needs.

Do you have permission to refer this family? *

- [ ] Yes
- [ ] No

Family Information

Caregiver Name

First Name

Last Name

Child's Name

First Name

Last Name

Child's age

What type of support are you looking for? (Select all that apply)

- [ ] Pregnancy
- [ ] Lactation / Breastfeeding
- [ ] Parenting Education
- [ ] Parent Support Groups
- [ ] Child Development / Behavior
- [ ] Nutrition
- [ ] Housing
- [ ] Financial assistance
- [ ] Medical, dental, or vision
- [ ] Family activities, play groups
- [ ] Mental Health
- [ ] Substance Use
- [ ] Child Care
- [ ] Employment
- [ ] Legal Services
- [ ] Full Needs Assessment
- [ ] Other

Additional Notes

Type here...

SPECIAL INSTRUCTIONS FOR DOMESTIC VIOLENCE:

Preferred Language

Please Select

Referrer Information

Provider Name

Who can we follow up with if we are unable to make contact?

Organization

Provider Contact Info

example@example.com

What type of support are you looking for? (Select all that apply)

2·1·1
United Way of Pierce County

QUESTIONS?