



Public Health

Delta & Menominee Counties

Maternal Infant Health Program (MIHP)



2920 College Avenue – Escanaba, MI 49829
 Phone: (906) 786-1298 – Fax: (906) 789-8149

REFERRAL FOR SERVICE

Are you presently enrolled in a Maternal Infant Health Program? Yes No

Client Name _____

Birthdate _____ Infant EDC _____ Male Female

Parent/Guardian of Infant _____

Address _____ City/State/Zip _____

Directions to above address: _____

Home Phone _____ Cell Phone _____

May we call you at these numbers? Yes No
 May we send you mail at the above address? Yes No

Physician _____

Medicaid # _____ Pending _____ Application sent _____

Original Date of MIHP Referral _____

Person Referring: _____ Agency _____

Agency Phone _____ Agency address _____

MIHP Letter Sent _____

CONTACT LOG

Phone:

Date:	
Date:	
Date:	

Letter:

Date:	
-------	--