



Public Health  
Black Infant Health



### Program Referral Form

Phone: 1-844-352-3985 or 909-387-6470

Email completed form to [BIH@dph.sbcounty.gov](mailto:BIH@dph.sbcounty.gov)  
or fax to 909-387-6471

The Black Infant Health (BIH) program is a free and voluntary program that aims to improve health among African-American mothers and babies, and to reduce maternal health disparities by empowering pregnant and mothering African-American women to make healthy choices for themselves, their families, and their communities.

#### Eligibility Requirements:

- Self-identify as African-American
- Pregnant or up to six months postpartum
- 16 years or older
- Resident of San Bernardino County

#### Information about the woman you are referring:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gestational age (weeks): \_\_\_\_\_ EDD: \_\_\_\_\_ First Baby?  Yes  No

If postpartum (within six months), Date of Delivery: \_\_\_\_\_

**By signing below, I agree to be contacted by the BIH program.**

Patient/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

or

Verbal consent given

Referring Agency: \_\_\_\_\_

Name of person making referral: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your referral to the program!**

BIH Program: 351 N. Mountain View Ave., 2nd Floor, San Bernardino, CA



Empowering Pregnant and Mothering  
African American Women