



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
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: 658 East Brier Dr, Suite 110, San Bernardino, CA 92415

