



Am I Eligible?

Family Services of New Mexico

*HOME VISITING REFERRAL
EXTERNAL USER GUIDE*

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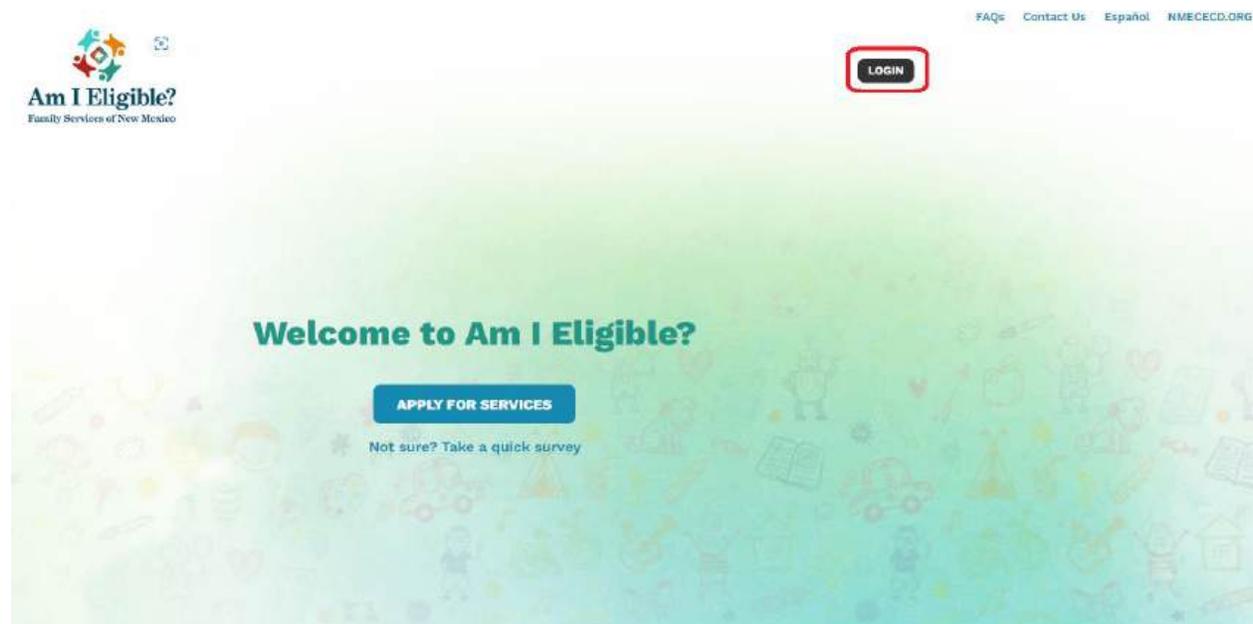
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WELCOME TO AM I ELIGIBLE

AM I ELIGIBLE INITIAL LANDING PAGE

EPICS URL: <https://eligibility.ececd.nm.gov/>

The initial landing page is the page all visitors to the AIE system will arrive on. To login, the user must click the Login button on the initial landing page.



EXTERNAL HOME VISITING ROLES

There are three different types of external user roles within AIE.

- Home Visiting Provider Employee (Admin and Non-admin users)
- Third Party Organization Employee
- Self-Referral Role

HOME VISITING PROVIDER EMPLOYEE ROLE

Employees of a home visiting provider can have one of the following sub-roles within AIE. The user will have different access depending on the sub-role they are assigned when their user association is approved.

- Administrator
- Non-Administrator

- Administrators and Non-Administrators will both have permission to create new Complete HV referrals as well as new Quick referrals for families.
- Administrators will have permissions to update the provider profile, add new users to the provider profile, and approve pending associations to the provider profile for new users.
- Non-Administrators will not have these permissions and will only be able to review the provider profile information and process referrals for families.

THIRD-PARTY ORGANIZATION ROLE

- Third Party Organization users will only have permission to submit quick referrals for families.
- The quick referrals will be sent to the open referrals for the providers within the county specified on the referral to be picked up by any providers who have availability.

SELF-REFERRAL ROLE

- Families can create their own user accounts within AIE which will allow them to submit their own referrals.
- Applicants can submit a self-referral which can be picked up by a provider within the county they live in.

LOGIN AND PASSWORD

Home Visiting Providers and Third-Party Organizations will have an initial provider profile created for them in Am I Eligible with minimal information. The Administrator for each provider or third-party organization will need to complete the provider profile by adding all relevant information that was not entered with the initial creation of the provider profile. New home visiting provider and third-party organization users will need to register for a new user account.

- When the user clicks the Login button on the login page,  they are navigated to the login page where they can login if they have an existing user account or register for a new user account.
- Existing users can also click the Forgot Password? hyperlink to request a password reset and change their password.



Login

Email

Password

Remember me [Forgot Password?](#)

LOGIN **CANCEL**

New User? [Register](#)

- When a new user clicks on the Register hyperlink, the Self Registration page is launched and the new user must fill out all of the fields.
- Once all the fields are filled out, the new user can click the Register button to register their new user account.



Self Registration

First Name

Last Name

Email

Password

Use 8 or more characters with a mix of lowercase letters, uppercase letters, numbers & symbols

Confirm Password

[Back to Login](#)

- After clicking Register, the Terms of Use page is displayed and the user must accept the terms of use to continue with the registration process.
- Once they accept the terms of use, the user is asked who they are so the system can set them up with the correct user type.

Terms of Use

In order to activate your account, you must read and accept terms of use:

AM I Eligible (the "Site") and any of the services provided by the Early Childhood Education and Care Department ("ECECD") in connection with the Site are being provided to you expressly subject to these Terms and Conditions of Use. Please read these Terms and Conditions of Use carefully. By accessing the Site, you AGREE to be bound by the following:

By accessing this Site, you agree that any information you provide by and through this Site is accurate, true, current, correct and complete to the best of your knowledge. You understand that failure or refusal to provide accurate, true, current and complete information on which ECECD may rely for the purpose of providing reimbursements, benefits, or other services, could cause you to incur civil or criminal liability.

ACCEPT

DECLINE



Hello, HV Provider User!

In order to serve you better, please let us know who you are.

- I am a person seeking Family Services.
- I work for a Home Visiting Provider.
- I work for an organization and want to refer a family for Home Visiting services.

SUBMIT

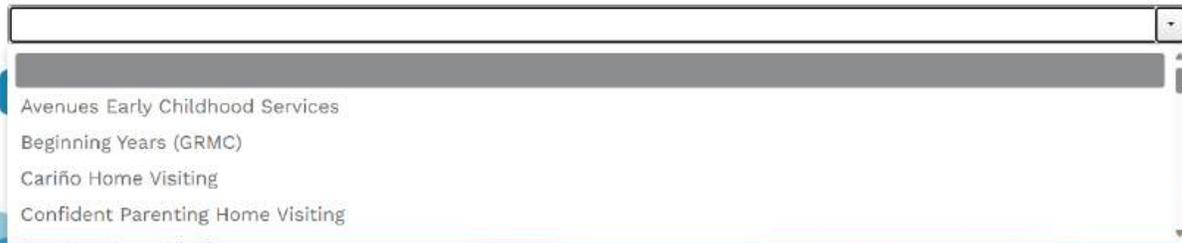
- If the user works at a home visiting provider, then they should select “I work for a Home Visiting Provider” then select the provider they work for from the dropdown list.

Hello, Bunny!

In order to serve you better, please let us know who you are.

- I am a person seeking Family Services.
- I work for a Home Visiting Provider.
- I work for an organization and want to refer a family for Home Visiting services.

Please select your Home Visiting Provider *



A screenshot of a web form showing a dropdown menu. The dropdown is open, displaying a list of options. The first option is highlighted in blue. The options listed are:

- Avenues Early Childhood Services
- Beginning Years (GRMC)
- Cariño Home Visiting
- Confident Parenting Home Visiting

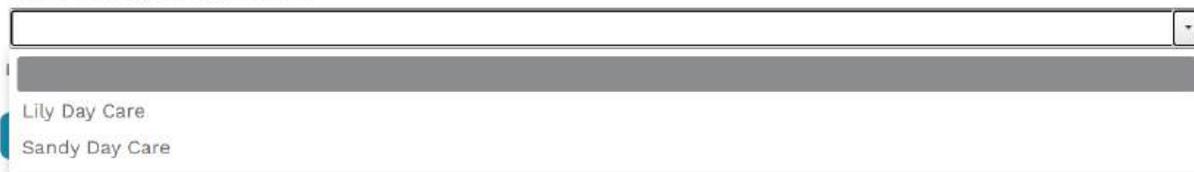
- If the user works for a third-party organization, then they should select “I work for an organization and want to refer a family for Home Visiting services” then select the organization they work for from the dropdown list.

Hello, Bunny!

In order to serve you better, please let us know who you are.

- I am a person seeking Family Services.
- I work for a Home Visiting Provider.
- I work for an organization and want to refer a family for Home Visiting services.

Please select your organization



A screenshot of a web form showing a dropdown menu. The dropdown is open, displaying a list of options. The first option is highlighted in blue. The options listed are:

- Lily Day Care
- Sandy Day Care

- If the user is an applicant/family who wishes to submit a self-referral, then they should select “I am a person seeking Family Services.

Hello, Bunny!

In order to serve you better, please let us know who you are.

- I am a person seeking Family Services.
- I work for a Home Visiting Provider.
- I work for an organization and want to refer a family for Home Visiting services.

SUBMIT

- After selecting the correct user type and submitting the new user registration, the new user association for home visiting provider and third party organization users must be reviewed and approved by the internal HV staff or by the provider administrator.
- The user will receive an email stating their request has been submitted and is pending approval.

Hello,

Your account's association to Cici pizza has been submitted.

You will receive an email once a decision is made.

If you have questions or need assistance, please contact ECECD Home Visiting at 1-833-675-1438.

Thank you,
Am I Eligible? Team

- Once the user association is approved, the new user will be notified with an email stating their user association has been approved and they are able to login and submit HV referrals.

Hello,

Your account's association to Cici pizza has been approved.

You may now submit a Home Visiting referral on behalf of another family.

If you have questions or need assistance, please contact ECECD Home Visiting at 1-833-675-1438.

Thank you,
Am I Eligible? Team

AM I ELIGIBLE LANDING PAGE

Once logged into Am I Eligible Home Visiting (HV) users will be taken to their AIE HV Referral landing page. Here HV users will see a welcome message, the referrals in progress and the Start New Home Visiting Referral button on the main portion of the page.

- Users can click on Continue Referral next to any of the referrals in progress to continue entering the required information into the referral.
- Users can also begin a new referral by clicking the Start Home Visiting Referral button.
- On the top right of the screen, users will see the menu icon which can be used to navigate to different pages the user has access to within the AIE system.

Am I Eligible?
Family Services of New Mexico

FAQs | Contact Us | Español | NMECECD.ORG

My Home | Logout

Need Help? Call 1-833-675-1438

Hello, HV Provider Admin!

Welcome to your home page. Here you can create a new Home Visiting referral or continue the progress of a referral. To view previously Submitted Referrals or Assigned Referrals please use the menu icon in the top right.

Have a referral related question? [click here](#)

REFERRALS IN PROGRESS

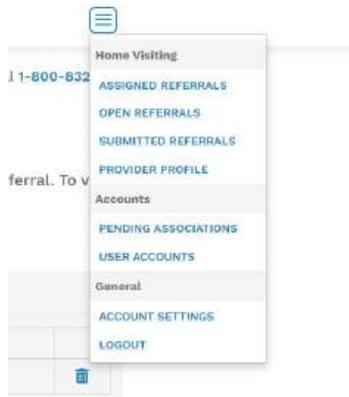
ID	Name	Last Modified		
1040	Dirt, Joe	05/23/2024	→ Continue Referral	

[→ START HOME VISITING REFERRAL](#)

USER MENU ITEMS

Within the user menu, users can navigate to the following areas within the AIE system:

- Home Visiting
- Accounts
- General



HOME VISITING MENU ITEMS



- The Assigned Referrals menu item will take the user to their assigned referrals queue. Here the user can review the list of referrals that have been assigned to their facility and open them to review each referral in detail.

 A screenshot of the 'Assigned Referrals' page in the 'Am I Eligible?' application. The page header includes the 'Am I Eligible? Family Services of New Mexico' logo on the left, 'My Home | Logout' on the right, and a hamburger menu icon. Below the header, there is a link 'Need Help? Call 1-800-832-1321'. The main heading is 'Assigned Referrals'. Below the heading is a table with the following data:

ID	Name	Submitted Date	Submitted By	County	Status
1001	test, freddy	03/17/2024	chaitravemula654@gmail.com	Bernalillo	Complete Referral Submitted

- To open the referral and take action on it, the user can click on the referral ID number which acts as a hyperlink.



Assigned Referrals

ID	Name	Submitted Date	Submitted By	County ↕	Status
1001	test, freddy	03/17/2024	chaitravemula654@gmail.com	Bernalillo	Complete Referral Submitted

- Once open the user can review the information within the referral and choose to either accept the referral and send it to the UNM database to continue the referral process, decline the referral and remove the assignment to their facility and send it to the open referrals queue to be picked up by another provider in the same county, or close the referral all together.

HV Referral

[← Go Back](#)

REFERRAL INFORMATION

Referral ID
1001

Submitted Date
03/17/2024

Current Status
Complete Referral Submitted

Status Date
03/17/2024

Eligible Models

Partners for a Healthy Baby, Nurturing Parenting, Parents and Teachers, Promoting First Relationships, First Born, Child First, Healthy Family America, Nurse Family Partnership

BASIC INFORMATION

Full Name
test, freddy

Date of Birth
06/29/1997

Gender
Male

Preferred Language
NA

Phone Number
(789) 690-8655

Email
NA

County where services are needed
Bernalillo

How did you hear about Home Visiting?
CARA

ADDRESS INFORMATION

Current Living Situation
In a home that I own or rent

Mailing Address
Does not have a mailing address.

Physical Address
Does not have a physical address.

PERSONAL DETAILS

Receives WIC nutrition assistance No	Medicaid eligible or Medicaid recipient No
Is anyone in the home an expecting parent? Yes	Weeks of pregnancy 1
Household size 1	Household gross monthly income Less than \$3,038.00 per month

CHILD INFORMATION

You do not have any children currently living with you.

[SEND TO UNM DATABASE](#)
[Remove Assignment](#)
[Close Referral](#)
[Go Back](#)

- The Open Referrals menu item will take the user to the open referrals queue. Here they can review a list of all open referrals within the counties they serve and select referrals to pick up to provide services.



[My Home](#) | [Logout](#)

Need Help? Call 1-800-832-1321

Open Referrals

ID	Name	Submitted Date	Submitted By	County	Status
1002	Smith, John	03/18/2024	hvextprovideradmin@gmail.com	Bernalillo	Complete Referral Submitted
1003	Martinez, Joaquina	03/18/2024	hvextprovideradmin@gmail.com	Valencia	Complete Referral Submitted

- The Submitted Referrals menu item will take the user to view all referrals that have been submitted by the provider.



[My Home](#) | [Logout](#)

Need Help? Call 1-800-832-1321

Submitted Referrals

ID	Name	Submitted Date	Submitted By	Status	Assigned Provider
1002	Smith, John	03/18/2024	hvextprovideradmin@gmail.com	Complete Referral Submitted	
1003	Martinez, Joaquina	03/18/2024	hvextprovideradmin@gmail.com	Complete Referral Submitted	

- The All Referrals menu item will take the user to the all referrals page where they can search for and review all referrals, submitted, open, and assigned regardless of the status.

All Referrals

Search Referrals
 Search By Referral ID

Status

<input type="checkbox"/> Quick Referral Submitted <input type="checkbox"/> Assigned to Provider <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily Inactive <input type="checkbox"/> Discharged <input type="checkbox"/> Completed Program	<input type="checkbox"/> Complete Referral Submitted <input type="checkbox"/> Provider Completing Referral <input type="checkbox"/> Submitted for Enrollment <input type="checkbox"/> Active <input type="checkbox"/> Withdrawn
---	---

Assigned Provider

County

Submitted Date From

Submitted Date To

APPLY

Count: 27

ID	Name	Type	Submitted Date	County	Status	Assigned Provider
1000	Gunnam, Ravi Kiran	Third Party	05/19/2024	Bernalillo	Provider Completing Referral	Avenues Early Childhood Services
1001	Tester, John	HV Provider	05/20/2024	Bernalillo	Assigned to Provider	Avenues Early Childhood Services
1002	test1, self	Self-Referral	05/20/2024	Bernalillo	Closed - Other	Avenues Early Childhood Services
1012	test2, self	Self-Referral	05/20/2024	Bernalillo	Closed - Duplicate	Avenues Early Childhood Services
1015	test3, self	Self-Referral	05/20/2024	Bernalillo	Closed - Other	Avenues Early Childhood Services
1018	Tester, Mary	HV Provider	05/20/2024	Bernalillo	Closed - Non-Eligible	
1019	Lipton, Troy	HV Provider	05/20/2024	Bernalillo	Assigned to Provider	Avenues Early Childhood Services
1034	testing, hello	HV Provider	05/22/2024	Bernalillo	Closed - Other	Avenues Early Childhood Services
1035	Oxygen, Hydrogen	HV Provider	05/22/2024	Bernalillo	Submitted for Enrollment	Avenues Early Childhood Services
1036	Mac, Apple	HV Provider	05/22/2024	Bernalillo	Provider Completing Referral	Los Pasitos Family Services
1037	Joji, Samuel	HV Provider	05/22/2024	Catron	Closed - Non-Eligible	
1038	Commercial, Master	HV Provider	05/22/2024	Union	Closed - Non-Eligible	
1039	3rd party, kiran	Third Party	05/23/2024	Bernalillo	Submitted for Enrollment	Avenues Early Childhood Services
1044	Boyanapalli, kiran	Third Party	05/23/2024	Bernalillo	Closed - Duplicate	Avenues Early Childhood Services
1045	Boyanapalli, kiran	HV Provider	05/23/2024	Bernalillo	Submitted for Enrollment	Avenues Early Childhood Services
1057	Gaints, Oakland	HV Provider	05/23/2024	Bernalillo	Submitted for Enrollment	Avenues Early Childhood Services
1067	Test Application, kiran	Self-Referral	05/28/2024	Bernalillo	Submitted for Enrollment	Avenues Early Childhood Services
1068	Matias, Sebastián III	Self-Referral	05/28/2024	Harding	Completed Program	Avenues Early Childhood Services
1069	Doe, John Q	HV Provider	05/28/2024	Bernalillo	Discharged	Avenues Early Childhood Services
1070	Dean, Benson Best	Third Party	05/28/2024	Eddy	Withdrawn	Avenues Early Childhood Services
1077	Baker, Kelly	Third Party	05/29/2024	Bernalillo	Quick Referral Submitted	
1078	Smith, Jenny	Third Party	05/29/2024	Bernalillo	Quick Referral Submitted	
1079	Stanton, Sheri	Self-Referral	05/29/2024	Bernalillo	Submitted for Enrollment	Avenues Early Childhood Services
1089	Tester, John	HV Provider	05/29/2024	Bernalillo	Provider Completing Referral	Avenues Early Childhood Services

- The Provider Profile menu item will take the user to review all of the provider information within their AIE provider profile such as:
 - Services Provided
 - Languages Spoken
 - Counties Served and if there is a waitlist at the moment
- Here the administrators will be able to add and update any of the provider information as needed.
- Add/remove counties served.
- Add/remove satellite offices under the provider profile.
- The non-administrator role can only view the provider profile and can't make any updates.

HV Provider Profile

PROVIDER INFORMATION

Provider ID 100	UNM ID 1080001	Provider Name Avenues Early Childhood Services
Provider Status *	<input type="text" value="Active"/>	
Medicaid Provider? *	<input type="text" value="No"/>	
Phone Number *	<input type="text" value="(505) 265-2541"/>	
Website Link	<input type="text"/>	
Models *		
<input type="checkbox"/> Partners for Healthy Baby	<input type="checkbox"/> Nurturing Parenting	
<input type="checkbox"/> Parents as Teachers	<input type="checkbox"/> Promoting First Relationships	
<input type="checkbox"/> First Born and More	<input checked="" type="checkbox"/> Nurse Family Partnership	
<input type="checkbox"/> Child First	<input type="checkbox"/> Healthy Family America	

Languages Spoken *

- English
- English/Spanish (Bilingual)
- Apache
- Chinese
- Finnish
- Spanish
- American Sign Language
- Arabic
- Czech
- French

[Show All Languages](#)

Counties Served *

County	Waitlist Only	
Bernalillo	Yes	
Valencia	No	
Sandoval	No	

[Add Additional County](#)

MAIN OFFICE

Office Name

Street Address * **Apt/Suite Number**

Zip Code * **City ***

State *

LOCATION #2



Office Name

Phone Number

Street Address * **Apt/Suite Number**

Zip Code * **City ***

State *

[Add New Location](#)

SAVE PROFILE

[Preview Profile](#)

ACCOUNTS MENU ITEMS



A vertical menu with three items: 'Accounts' (highlighted in grey), 'PENDING ASSOCIATIONS' (in blue), and 'USER ACCOUNTS' (in blue).

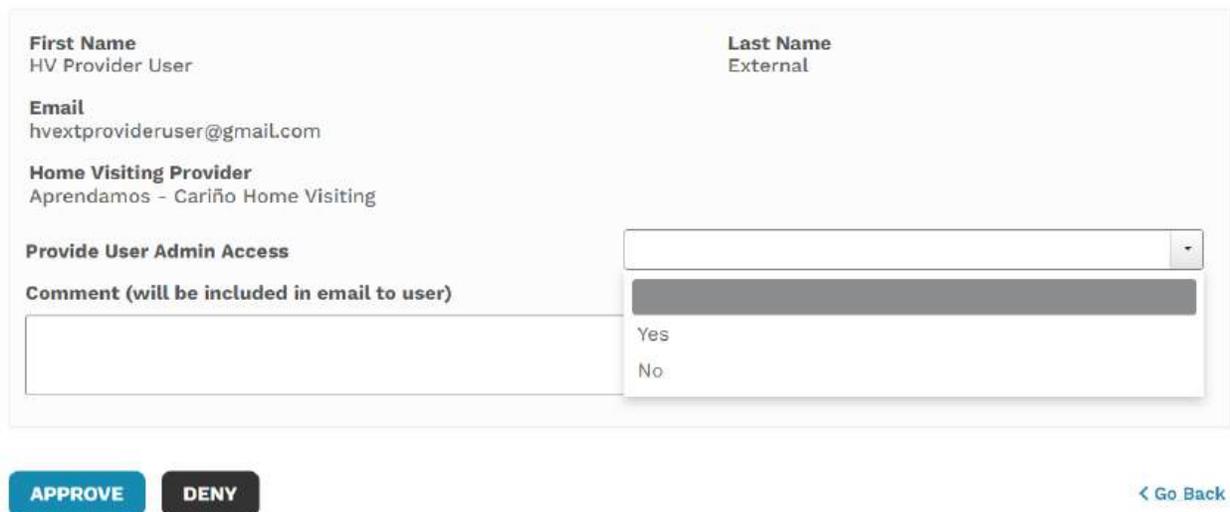
- The Pending Associations menu item will take users to review all pending user accounts that are associated to their provider profile.
- Here the Administrator can approve or deny any pending user accounts which are associated to their provider profile.

Pending Associations

Name ↕	Email ↕	Association ↕	Count: 1
Steel, Jill	jill@gmail.com	Avenues Early Childhood Services	Open

- Once the pending association is opened, the administrator will have the ability to approve or deny the association request. The administrator will need to select Yes or No in the Provide User Admin Access dropdown field. If Yes is selected, the user will be an administrator and will have administrative permissions to update the provider profile and add new users. If no is selected, then the user will not be an administrator and will have restricted access to the provider profile and other permissions. Comments are not required but can help to give more details regarding the decision made on the user association request.

Pending Associations



First Name
HV Provider User

Last Name
External

Email
hvextprovideruser@gmail.com

Home Visiting Provider
Aprendamos - Cariño Home Visiting

Provide User Admin Access

Comment (will be included in email to user)

[Go Back](#)

- The User Accounts menu item will take the user to view all active user accounts that are associated to the provider profile. Administrators will have the ability to add new user accounts to the provider profile.

User Accounts

User Association *

User Account Status

APPLY

Count: 8

User ID ↕	Name ↕	Association ↕	Email ↕	User Ac
456886	HV, Ravi	Avenues Early Childhood Services	ravi.hv1@test.com	
456887	Stillman, Joe	Avenues Early Childhood Services	joe@gmail.com	
456907	Avenue Early Childhood, Provider Admin	Avenues Early Childhood Services	provideradmin@avenueearlychildhood.com	
456912	Avenue Early Childhood, Pro User Avenue	Avenues Early Childhood Services	provideruser@avenueearlychildhood.com	
456914	providertest1, kiran	Avenues Early Childhood Services	kiranprovidertest4@gmail.com	
456915	External, HV Provider Admin	Avenues Early Childhood Services	hvextprovideradmin@gmail.com	
456919	Provider test7, kiran	Avenues Early Childhood Services	kiranprovidertest7@gmail.com	
456950	Steel, Jill	Avenues Early Childhood Services	jill@gmail.com	Pending

- The User ID number acts as a hyperlink to open and view all of the user’s account details.

User Details

<p>User ID 456950</p> <p>First Name Jill</p> <p>User Account Status Pending User Approval</p> <p>Home Visiting Provider ID 100</p>	<p>Email jill@gmail.com</p> <p>Last Name Steel</p> <p>Role NA</p> <p>Home Visiting Provider Avenues Early Childhood Services</p>
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[< Go Back](#)

GENERAL MENU ITEMS

General

[ACCOUNT SETTINGS](#)

[LOGOUT](#)

Within the General menu items, users can review and update their account settings and logout of their AIE session.

- The Account Settings menu item will take the user to the account settings where they can update their email address/user name and their first and last name within the AIE system. The user can also change their password and review their use logs.

The screenshot shows the 'Edit Account' interface. On the left is a sidebar menu with 'Account' selected. The main area is titled 'Edit Account' and contains three required fields: 'Email' (hvextprovideradmin@gmail.com), 'First name' (HV Provider Admin), and 'Last name' (External). 'CANCEL' and 'SAVE' buttons are at the bottom right.

- The Logout menu item will log the user out and end their current AIE session.

HOME VISITING REFERRALS

There are two different types of referrals which can be submitted in AIE. Complete Referrals and Quick Referrals. A Complete Referral requires more details to be gathered from the applicant/family in order to be completed. A Quick Referral only requires minimal information from the applicant/family just to be entered in the system quickly and followed up with later to complete the referral. As stated in the user roles section, the types of referrals that can be submitted depend on the user's role.

REFERRALS SUBMITTED BY HV PROVIDER USERS

Home Visiting Provider Users (employees of HV providers) are able to submit referrals on behalf of the applicant/family. There are two types of referrals which can be submitted. Complete referrals and quick referrals.

Welcome to Home Visiting Referral

Please complete the Home Visiting Referral, answering the questions on behalf of the family you are representing.

Choose the type of referral based on the information you have about the family.

[Start Complete Referral](#)

[Start Quick Referral](#)

SUBMITTING A QUICK REFERRAL

Quick Referrals require minimal information as they are used to begin the referral process and enter the applicant/family into the AIE system quickly to be followed up on and completed later. These can be useful when families are attending public outreach events and do not have time to provide all the necessary information for a complete referral.

QUICK REFERRAL

You will need the following information for a quick referral.

- **First Name**
- **Last Name**
- **Phone Number**
- **Email (optional)**
- **Language Preference (optional)**
- **County where services needed**
- **How did you hear about Home Visiting?**

- To submit a quick referral, click on the Start Home Visiting Referral button and select Quick Referral to launch the quick referral page.

[→ START HOME VISITING REFERRAL](#)

Need Help? Call 1-800-832-1321

Welcome to Home Visiting Referral

Please complete the Home Visiting Referral, answering the questions on behalf of the family you are representing.

Choose the type of referral based on the information you have about the family.

[Start Complete Referral ?](#)

[Start Quick Referral ?](#)

- Once the quick referral page launches, the user must fill in all of the required fields marked with a red asterisk.
- If the user needs to change the referral type to a complete referral, they can click on the Change Referral Type hyperlink at the bottom of the page.

BASIC INFORMATION (* ARE REQUIRED FIELDS)

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number *	<input type="text" value="(XXX) XXX-XXXX"/>	
Email	<input type="text"/>	
Language Preference	<input type="text"/>	
Please select the county where the family will need the services *	<input type="text"/>	
How did you hear about Home Visiting? *	<input type="text"/>	

[Change Referral Type](#)

SUBMIT REFERRAL

- When the user selects the county where services are needed, the Please select a Home Visiting Provider dropdown field will appear and will have the default selection of “No provider preference”.
- If the user leaves “No provider preference in the dropdown field, the quick referral will be sent to the Open Referral queue once it has been submitted.
- The quick referral will be available for any provider within the county to assign to themselves to the quick referral and continue to complete the referral.

BASIC INFORMATION (* ARE REQUIRED FIELDS)

First Name *	<input type="text" value="Joe"/>	Middle Name	<input type="text"/>	Last Name *	<input type="text" value="Dirt"/>
Phone Number *	<input type="text" value="(505) 654-6546"/>				
Email	<input type="text"/>				
Language Preference	<input type="text"/>				
Please select the county where the family will need the services *	<input type="text" value="Bernalillo"/>				
How did you hear about Home Visiting? *	<input type="text" value="Early Show with Alax"/>				

Please select a Home Visiting Provider

[Change Referral Type](#)

SUBMIT REFERRAL

Home Visiting Referral Submitted

The referral has been submitted. The family will be contacted by a Home Visiting program representative within 3-5 business days.

START ANOTHER REFERRAL

GO BACK TO HOME

Open Referrals

ID	Name	Submitted Date	Submitted By	County ↕	Status
1001	referral test, kiran	03/19/2024	kiranself@gmail.com	Bernalillo	Complete Referral Submitted
1022	Provider 2, Testing	03/19/2024	hvextprovideradmin2@gmail.com	Bernalillo	Quick Referral Submitted
1033	Dirt, Joe	03/20/2024	hvextprovideradmin@gmail.com	Bernalillo	Quick Referral Submitted

- The user can select a specific provider to assign the quick referral to that provides services within the selected county.
- If a specific provider is selected, the quick referral will be sent to that provider's Assigned Referrals queue, where they can review and continue to complete the referral.
- When a specific provider is assigned to the quick referral, the provider's address appears at the bottom of the page.

BASIC INFORMATION (* ARE REQUIRED FIELDS)

First Name *	Middle Name	Last Name *
<input type="text" value="Jane"/>	<input type="text"/>	<input type="text" value="Doe"/>
Phone Number *	<input type="text" value="(505) 654-6546"/>	
Email	<input type="text"/>	
Language Preference	<input type="text"/>	
Please select the county where the family will need the services *	<input type="text" value="Bernalillo"/>	
How did you hear about Home Visiting? *	<input type="text" value="Early Show with Alax"/>	

Please select a Home Visiting Provider

Provider Address
 900 E Hillisdale
 Guadalupe, Guadalupe, New Mexico 87458

[Change Referral Type](#)

SUBMIT REFERRAL

Assigned Referrals

ID	Name	Submitted Date	Submitted By	County ↕	Status
1011	refer, kiran	03/19/2024	kiranhv@gmail.com	Bernalillo	Complete Referral Submitted
1012	Yankee, Sams	03/19/2024	hvextprovideradmin@gmail.com	Valencia	Quick Referral Submitted
1013	Mac, Toby	03/19/2024	hvextprovideradmin@gmail.com	Union	Complete Referral Submitted
1015	Lake, Brandon	03/19/2024	hvextprovideradmin@gmail.com	Catron	Quick Referral Submitted
1023	Cortez, Sam	03/19/2024	hvextprovideradmin2@gmail.com	Catron	Quick Referral Submitted
1025	Quick test, kir	03/20/2024	kiran44hv@gmail.com	Bernalillo	Quick Referral Submitted
1028	refer3, kiran	03/20/2024	naa1@email.com	Bernalillo	Complete Referral Submitted
1034	Doe, Jane	03/20/2024	hvextprovideradmin@gmail.com	Bernalillo	Quick Referral Submitted

SUBMITTING A COMPLETE REFERRAL

Complete referrals require more details from the applicant/family than quick referrals. The user will navigate through several pages and collect required information from the applicant/family to determine which programs they are eligible for.

COMPLETE REFERRAL

You will need the following information for a complete referral.

A complete referral will result in eligibility determination and the ability to select a Provider for the family.

- First Name
- Last Name
- Gender
- Date of Birth
- Phone Number
- Email (optional)
- Language Preference (optional)
- County where services needed
- Current Living Situation
- Full Physical Address
- Full Mailing Address

- Is family Receiving WIC?
- Is family eligible for or receiving Medicaid?
- Anyone in the home an expecting parent?
- How many weeks in pregnancy?
- Household size
- Household gross monthly income
- How many children are in the household who are newborn to kindergarten?
- How did you hear about Home Visiting?

Provide information for each child:

- First Name
- Last Name
- Gender
- Date of Birth

- Is child attending kindergarten?

- To submit a complete referral, click on the Start Home Visiting Referral button and select Complete Referral to launch the complete referral page.

[→ START HOME VISITING REFERRAL](#)

Welcome to Home Visiting Referral

Please complete the Home Visiting Referral, answering the questions on behalf of the family you are representing.

Choose the type of referral based on the information you have about the family.

[Start Complete Referral ?](#)

[Start Quick Referral ?](#)

- Once the complete referral pages is launched, the user must fill in all of the required fields marked with a red asterisk.
- If the user needs to change the referral type to a quick referral, they can click on the Change Referral Type hyperlink at the bottom of the page.

BASIC INFORMATION (* ARE REQUIRED FIELDS)

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender *	<input type="text"/>	
Date of Birth *	<input type="text" value="mm/dd/yyyy"/>	
Phone Number *	<input type="text" value="(XXX) XXX-XXXX"/>	
Email	<input type="text"/>	
Language Preference	<input type="text"/>	
Please select the county where the family will need the services *	<input type="text"/>	
How did you hear about Home Visiting? *	<input type="text"/>	

[Change Referral Type](#)

SAVE AND CONTINUE →

- There are 4 pages with questions the user will need to fill out. Once all of the required fields on each page have been filled out, click Save and Continue to advance to the next page.

BASIC INFORMATION (* ARE REQUIRED FIELDS)

First Name *	Middle Name	Last Name *
<input type="text" value="Sarah"/>	<input type="text"/>	<input type="text" value="Connor"/>
Gender *	<input type="text" value="Female"/>	
Date of Birth *	<input type="text" value="01/18/1965"/>	
Phone Number *	<input type="text" value="(654) 545-6456"/>	
Email	<input type="text"/>	
Language Preference	<input type="text"/>	
Please select the county where the family will need the services *	<input type="text" value="Bernalillo"/>	
How did you hear about Home Visiting? *	<input type="text" value="Early Show with Alax"/>	

[Change Referral Type](#)



- If at any point the user needs to stop, they can click the Save and Continue button and exit the referral.
- The referral will be saved in the Referrals In Progress table on the user's landing page and the user can continue when they are able to do so.

Hello, HV Provider Admin!

Welcome to your home page. Here you can create a new Home Visiting referral or continue the progress of a referral. To view previously submitted referrals, go to Submitted Referrals in the menu.

Have a referral related question? [click here](#)

REFERRALS IN PROGRESS				
ID	Name	Last Modified		
1002	tEST, child	03/19/2024	→ Continue Referral	
1035	Connor, Sarah	03/20/2024	→ Continue Referral	



- Page 2 requires the applicant's/Family's living situation and address if applicable.
- If the applicant/family does not have a permanent mailing or physical address, the user can make the proper selection and check the checkboxes indicating this and the address fields will no longer be required to continue.

Address Information

PHYSICAL ADDRESS

Street Address *		Apt/Suite Number
<input type="text"/>		<input type="text"/>
Zip Code *	City *	
<input type="text"/>	<input type="text"/>	
State *	New Mexico County *	
<input type="text" value="New Mexico"/>	<input type="text"/>	

Click here if you do not have a physical address.

MAILING ADDRESS

Click here if same as physical address.

Street Address *		Apt/Suite Number
<input type="text"/>		<input type="text"/>
Zip Code *	City *	
<input type="text"/>	<input type="text"/>	
State *	New Mexico County *	
<input type="text" value="New Mexico"/>	<input type="text"/>	

Click here if you do not have a mailing address.

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- If the applicant/family does not have a physical address and checks the checkbox, they will be asked about their living situation instead of being required to enter a physical address.

Click here if you do not have a physical address.

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

Address Information

Please select one that best describes your current living situation: *

- In a home that I own or rent
- Living permanently with friends and/or family
- Staying temporarily with friends, relatives, or other people
- At a shelter
- In transitional housing or an independent living program
- At a motel or a hotel
- In an RV or camper
- In a car, tent, park, bus, train station, abandoned building, or another public place
- I do not have a usual place to sleep
- Prefer not to disclose

- When the physical address is entered, the HV user has the option to use the same address as the mailing address by checking the Click here if same as physical address checkbox within the mailing address section.
- If the checkbox is checked, the mailing address fields disappear and are automatically populated with the physical address.

Address Information

PHYSICAL ADDRESS

Street Address *	Apt/Suite Number
<input type="text" value="1 Dirt Drive"/>	<input type="text"/>
Zip Code *	City *
<input type="text" value="87124"/>	<input type="text" value="Albuquerque"/>
State *	New Mexico County *
<input type="text" value="New Mexico"/>	<input type="text" value="Bernalillo"/>

Click here if you do not have a physical address.

MAILING ADDRESS

Click here if same as physical address.

Street Address *	Apt/Suite Number
<input type="text"/>	<input type="text"/>
Zip Code *	City *
<input type="text"/>	<input type="text"/>
State *	New Mexico County *
<input type="text" value="New Mexico"/>	<input type="text"/>

Address Information

PHYSICAL ADDRESS

Street Address *	Apt/Suite Number
<input type="text" value="1 Dirt Drive"/>	<input type="text"/>
Zip Code *	City *
<input type="text" value="87124"/>	<input type="text" value="Albuquerque"/>
State *	New Mexico County *
<input type="text" value="New Mexico"/>	<input type="text" value="Bernalillo"/>

Click here if you do not have a physical address.

MAILING ADDRESS

Click here if same as physical address.

[← PREVIOUS](#)

[SAVE AND CONTINUE →](#)

[Change Referral Type](#)

- Page 3 asks the applicant/family questions regarding any assistance or services they already receive from other programs.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	<input type="text"/>
Is the family eligible for or receiving Medicaid services? *	<input type="text"/>
Is anyone in home an expecting parent? *	<input type="text"/>

[← PREVIOUS](#)

[SAVE AND CONTINUE →](#)

[Change Referral Type](#)

- If the HV user selects Yes in the “Is anyone in the home an expecting parent?” field then a new question of “How many weeks of pregnancy?” appears.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	Yes
Is the family eligible for or receiving Medicaid services? *	Medicaid recipient
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- For all Counties except Bernalillo and Valencia, this is the last question and the HV user moves on.
- If the HV user selected that services were needed in Bernalillo or Valencia Counties on page 1, then some questions only specific to residents of those counties appear in the following scenarios.
- These questions are only specific to Valencia and Bernalillo County residents because they are the only two Counties which offer the Nurse Family Partnership (FNP).

Please select the county where the family will need the services *	Bernalillo
--	------------

- For families receiving services in Bernalillo or Valencia Counties, if the HV user selects No in the “Do you receive WIC?” field and No or I don’t know in the “Are you eligible for or receiving Medicaid services?” field, and enters 1 - 28 weeks of pregnancy in the “How many weeks of pregnancy?” field, then 2 new questions appear.
 - “Is this a first-time mother?”
 - “Family household size”

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	No
Is the family eligible for or receiving Medicaid services? *	No
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	28
Is this a first-time mother? *	
Family household size *	

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- When the family household size question is answered, the last question appears.
 - “What is the family’s gross monthly income?”
- Note: this question is only asked if the family needs services in Bernalillo and Valencia Counties and does not affect their eligibility for home visiting services in any way.
- All families are eligible for home visiting services regardless of their income.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	No
Is the family eligible for or receiving Medicaid services? *	No
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	3
Is this a first-time mother? *	No
Family household size *	3
What is the family’s gross monthly income? *	<input type="text"/> Income is only used to determine eligibility for Nurse Family Partnership. <ul style="list-style-type: none"> More than \$5,379.00 per month Less than or equal to \$5,379.00 per month

← PREVIOUS SAVE AND CONTINUE →

[Change Referral Type](#)

- If the applicant/family selects Yes in either or both of the first two fields stating they do receive WIC and/or they are eligible for Medicaid services, then the Family household size question does not appear (Bernalillo and Valencia residents only).

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	Yes
Is the family eligible for or receiving Medicaid services? *	No
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	28
Is this a first-time mother? *	

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	<input type="text" value="No"/>
Is the family eligible for or receiving Medicaid services? *	<input type="text" value="Medicaid eligible"/>
Is anyone in home an expecting parent? *	<input type="text" value="Yes"/>
How many weeks of pregnancy? *	<input type="text" value="28"/>
Is this a first-time mother? *	<input type="text"/>

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- If the applicant/family selects 29 weeks or more of pregnancy, then the is this a first-time mother question does not appear.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	<input type="text" value="No"/>
Is the family eligible for or receiving Medicaid services? *	<input type="text" value="Medicaid eligible"/>
Is anyone in home an expecting parent? *	<input type="text" value="Yes"/>
How many weeks of pregnancy? *	<input type="text" value="29"/>

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- Page 4 asks the applicant/participant about their child information.

Child Information

How many children living with the family are newborn to Kindergarten? *

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- The user will need to collect information for all children in the household
- The number selected in the “How many children living with the family are newborn to Kindergarten?” field will determine how many child profiles must be completed.

Child Information

How many children living with the family are newborn to Kindergarten? *

2

Child - 1

First Name *

John

Middle Name

Last Name *

Connor

Gender *

Male

Date of Birth *

01/15/2021

Child - 2

First Name *

Reese

Middle Name

Last Name *

Connor

Gender *

Male

Date of Birth *

01/15/2022

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- Page 5 of the complete referral is the review page where the user can review all information they have entered in the referral and edit each section as needed.
- If all information is accurate, the user can click the Check Eligibility button to proceed to the final page of the referral.

Review Home Visiting Referral

BASIC INFORMATION

Full Name
McDunnough, Edwina

Date of Birth
04/15/1985

Gender
Female

Preferred Language
English

Phone Number
(505) 654-6546

Email
bowhunter122612@gmail.com

County where services are needed
Bernalillo

How did you hear about Home Visiting?
Early Show with Alax

 EDIT

ADDRESS INFORMATION

Physical Address
1 Dirt Drive
Albuquerque, New Mexico 87124

County
Los Alamos

Is mailing address same as physical address?
Yes

 EDIT

PERSONAL DETAILS

Receives WIC nutrition assistance
No

Is anyone in the home an expecting parent?
Yes

Is this a first-time mother?
No

Household gross monthly income
Less than or equal to \$5,379.00 per month

Medicaid eligible or Medicaid recipient
No

Weeks of pregnancy
3

Household size
3

 EDIT

CHILD INFORMATION

Child - 1

Name
Connor, John

Date of Birth
01/15/2021

Gender
Male

Child - 2

Name
Connor, Reese

Date of Birth
01/15/2022

Gender
Male

 EDIT

 PREVIOUS

CHECK ELIGIBILITY 

[Change Referral Type](#)

- Page 6 is the final page of the referral. This page lets the user know what program’s the applicant/family is eligible for based on the answers they provide in the referral.
- The user has the option to select the home visiting provider they wish to assign the referral to at this time. The referral will be routed to the home visiting provider’s Assigned Referrals queue upon being submitted.
- If the applicant/family does not have a provider preference, the user can check the “I don’t have a provider preference.” check box and the referral will be routed to the open referrals queue upon being submitted, where any provider who provides services within the family’s county can pick up the referral.

Home Visiting Eligibility

Based on the information provided, the family is eligible to receive the following Home Visiting models.

- Healthy Family America
- Partners for Healthy Baby
- Nurturing Parenting
- Parents as Teachers
- Promoting First Relationships
- First Born and More
- Child First

Please select a Home Visiting Provider

Los Pasitos Family Services

Counties Served:	Bernalillo, Sandoval (Waitlist Only), De Baca
Phone Number:	(505) 265-5254
Languages Spoken:	English/Spanish (Bilingual), English
Medicaid Provider:	No

[View More Details](#) SELECT PROVIDER

I don't have a provider preference. SUBMIT REFERRAL →

← PREVIOUS

Home Visiting Referral Submitted

The referral has been submitted. The family will be contacted by a Home Visiting program representative within 3-5 business days.

START ANOTHER REFERRAL

GO BACK TO HOME

- If the referral was assigned to the provider the user works for, the user can now see the complete referral in the Assigned Referrals queue within the home visiting provider’s profile.

Assigned Referrals

Count: 6

ID ↕	Name ↕	Type ↕	Submitted Date ↕	County ↕	Status ↕
1000	Gunnam, Ravi Kiran	Third Party	05/19/2024	Bernalillo	Provider Completing Referral
1001	Tester, John	HV Provider	05/20/2024	Bernalillo	Assigned to Provider
1019	Lipton, Troy	HV Provider	05/20/2024	Bernalillo	Assigned to Provider
1089	Tester, John	HV Provider	05/29/2024	Bernalillo	Provider Completing Referral
1096	Studio, Jlab	Third Party	05/31/2024	Guadalupe	Provider Completing Referral
1097	Core, Sound	Third Party	05/31/2024	Valencia	Provider Completing Referral

- Once a referral has been assigned to a home visiting provider, the provider can open the referral by clicking on the referral ID.
- The user can choose to send the referral to the UNM referral system to continue and complete the referral process.
- The user can choose to remove the assignment from the home visiting provider's assigned referrals. This will move the referral to the Open Referrals queue to be picked up by any provider who provides services within the same county.
- Lastly, the user can choose to close the referral for a number of reasons. If the referral is closed, no services will be provided to the applicant/family.

HV Referral

[← Go Back](#)

REFERRAL INFORMATION

Referral ID
1001

Referral Type
HV Provider

Submitted Date
05/20/2024

Submitted By
Avenues Early Childhood Services

Current Status
Assigned to Provider

Status Date
05/20/2024

Eligible Models

Partners for Healthy Baby, Nurturing Parenting, Parents as Teachers, Promoting First Relationships, First Born and More, Child First, Healthy Family America

[View Status History](#)



BASIC INFORMATION

Full Name
Tester, John

Date of Birth
05/01/2000

Gender
Male

Preferred Language
English

Phone Number
(505) 555-5555

Email
john2@gmail.com

County where services are needed
Bernalillo

How did you hear about Home Visiting?
Project Hatch

ADDRESS INFORMATION

Physical Address
123 State Street
Albuquerque, New Mexico 87108

County
Bernalillo

Is mailing address same as physical address?
Yes

BASIC INFORMATION

Full Name Connor, Sarah	Date of Birth 01/18/1965
Gender Female	Preferred Language NA
Phone Number (654) 545-6456	Email NA
County where services are needed Bernalillo	
How did you hear about Home Visiting? Early Show with Alax	

ADDRESS INFORMATION

Current Living Situation In a home that I own or rent	
Mailing Address 1 Terminator Drive Albuquerque, New Mexico 87124	Physical Address 1 Terminator Drive Albuquerque, New Mexico 87124
County Bernalillo	County Bernalillo

PERSONAL DETAILS

Receives WIC nutrition assistance Yes	Medicaid eligible or Medicaid recipient No
Is anyone in the home an expecting parent? Yes	Weeks of pregnancy 40

PERSONAL DETAILS

Receives WIC nutrition assistance Yes	Medicaid eligible or Medicaid recipient Medicaid eligible
Is anyone in the home an expecting parent? Yes	Weeks of pregnancy 14
Is this a first-time mother? No	

CHILD INFORMATION

Child - 1

Name Taylor, Johnny	Date of Birth 03/23/2020	Gender Male
-------------------------------	------------------------------------	-----------------------

[Remove Assignment](#)[Close Referral](#)[< Go Back](#)

REFERRALS SUBMITTED BY THIRD PARTY ORGANIZATIONS

Third party organization users can submit quick referrals on behalf of applicants/families. These referrals are submitted into the open queue for providers within the same county as the applicant/family can pick up and complete.

- To start a new referral, click the Start Home Visiting Referral button to launch the quick referral page.

Hello, HV Third Party!

Welcome to your home page. Here you can create a new Home Visiting referral. To view previously Submitted Referrals please use the menu icon in the top right.

Have a referral related question? [click here](#)

→ START HOME VISITING REFERRAL

- Once launched, the third party user fills out the required fields.
- After all required fields have been filled out, the third party user can submit the referral.

Welcome to Home Visiting Referral

Please complete the Home Visiting Referral, answering the questions on behalf of the family you are representing.

Once you have submitted the Home Visiting Referral you can check status in the future by logging in and going to the Referral Queue.

BASIC INFORMATION (* ARE REQUIRED FIELDS)

First Name *	Middle Name	Last Name *
<input type="text" value="Juan"/>	<input type="text" value="Two"/>	<input type="text" value="Three"/>
Phone Number *	<input type="text" value="(505) 123-1231"/>	
Email	<input type="text" value="JaunTwoThree@123.com"/>	
Language Preference	<input type="text" value="English"/>	
Please select the county where the family will need the services *	<input type="text" value="Bernalillo"/>	
How did you hear about Home Visiting? *	<input type="text" value="Early Show with Alax"/>	

SUBMIT REFERRAL

Home Visiting Referral Submitted

The referral has been submitted. The family will be contacted by a Home Visiting program representative within 3-5 business days.

[START ANOTHER REFERRAL](#)

[GO BACK TO HOME](#)

- Once submitted, the quick referrals submitted by third party organizations are routed to the open queue for the county listed in the quick referral.
- Any provider who provides services within the county can assign the quick referral to their provider profile to be completed.

Open Referrals

Count: 5

ID	Name	Type	Submitted Date	County	Status
1090	Green, Tim	Self-Referral	05/29/2024	Bernalillo	Complete Referral Submitted
1099	Geller, Sam	Third Party	05/31/2024	Bernalillo	Quick Referral Submitted
1100	Genley, Mickey	Third Party	05/31/2024	Bernalillo	Quick Referral Submitted
1112	Harley, Joaquin	HV Provider	06/03/2024	Bernalillo	Quick Referral Submitted
1122	Three, Juan Two	Third Party	06/04/2024	Bernalillo	Quick Referral Submitted

REFERRALS SUBMITTED BY FAMILIES (SELF REFERRALS)

Applicants/Families are able to register and create an account within AIE and submit self referrals on their own behalf. The applicants/families are only able to submit complete referrals since they can readily answer all of the questions within the complete referral.

- Once the applicant/family registers their user account and is set up, they will land on the applicant/family home page/landing page.
- Here the applicant/family can start a new application for childcare assistance or start a new home visiting referral, depending on what services they are in need of.
- The following focuses on the home visiting referral portion of the system.
- To begin a self referral, the applicant/family clicks on the Start Home Visiting Referral button to launch the complete referral page.

Hello, Bunny!

Welcome to your home page. Here you can create a new application or Home Visiting referral, continue the progress of an application or referral, and review the status of an existing application or referral previously submitted.

Have an application or referral related question? [click here](#)

APPLICATION Start an application for these programs: Child Care Assistance, PreK, Family Infant Toddler (FIT) Program, Families First If you need help call 1-800-832-1321. → START APPLICATION	HOME VISITING REFERRAL Start a Home Visiting referral. If you need help call 1-833-675-1438. → START HOME VISITING REFERRAL
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- Once launched, the applicant/family must fill out all required fields within the complete referral.
- When all of the required fields have been filled out on each page, the applicant/family must click on Save and Continue to advance to the next page of the referral.

Welcome to Home Visiting Referral

Home Visiting is a relationship-based program for families who are pregnant or have children not yet eligible for kindergarten. The program supports family goals, child growth and development, establishes connection to resources, and overall health and well-being. It is free for all New Mexico families regardless of income. Home visitors come to see you in the convenience of your home or via remote telehealth sessions.

Once you complete the Home Visiting Referral questions you will be able to choose a Home Visiting Provider. A Home Visiting program representative will contact you within 3-5 business days to review your information and discuss next steps for enrollment.

BASIC INFORMATION (* ARE REQUIRED FIELDS)

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender *	<input type="text"/>	
Date of Birth *	<input type="text" value="mm/dd/yyyy"/>	
Phone Number *	<input type="text" value="(XXX) XXX-XXXX"/>	
Language Preference	<input type="text"/>	
Please select the county where you will need the services *	<input type="text"/>	
How did you hear about Home Visiting? *	<input type="text"/>	

[SAVE AND CONTINUE →](#)

- If at any point the applicant/family needs to stop the referral, they can simply click the Save and Continue button and exit the referral.
- The referral will be saved in the Home Visiting Referrals In Progress section of the applicant's/family's home page.
- Here the applicant/family can continue the referral process when they are able to do so.

Hello, Bunny!

Welcome to your home page. Here you can create a new application or Home Visiting referral, continue the progress of an application or referral, and review the status of an existing application or referral previously submitted.

Have an application or referral related question? [click here](#)

APPLICATION	HOME VISITING REFERRAL
<p>Start an application for these programs: Child Care Assistance, PreK, Family Infant Toddler (FIT) Program, Families First</p> <p>If you need help call 1-800-832-1321.</p> <p>→ START APPLICATION</p>	<p>Current Step in Progress Basic Info</p> <p>Last Modified Date 06/04/2024</p> <ul style="list-style-type: none"> ✓ 1. Basic Info ✗ 2. Address ✗ 3. Additional Details ✗ 4. Children Info ✗ 5. Review ✗ 6. Eligibility ✗ 7. Final <p>→ CONTINUE REFERRAL</p>

- Page 2 requires the applicant's/Family's living situation and address if applicable.
- If the applicant/family does not have a permanent mailing or physical address, the user can make the proper selection and check the checkboxes indicating this and the address fields will no longer be required to continue.

Address Information

PHYSICAL ADDRESS

Street Address *	Apt/Suite Number
<input type="text"/>	<input type="text"/>
Zip Code *	City *
<input type="text"/>	<input type="text"/>
State *	New Mexico County *
<input type="text" value="New Mexico"/>	<input type="text"/>

Click here if you do not have a physical address.

MAILING ADDRESS

Click here if same as physical address.

Street Address *	Apt/Suite Number
<input type="text"/>	<input type="text"/>
Zip Code *	City *
<input type="text"/>	<input type="text"/>
State *	New Mexico County *
<input type="text" value="New Mexico"/>	<input type="text"/>

Click here if you do not have a mailing address.

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- If the applicant/family does not have a physical address and checks the checkbox, they will be asked about their living situation instead of being required to enter a physical address.

Click here if you do not have a physical address.

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

Address Information

Please select one that best describes your current living situation: *

In a home that I own or rent

Living permanently with friends and/or family

Staying temporarily with friends, relatives, or other people

At a shelter

In transitional housing or an independent living program

At a motel or a hotel

In an RV or camper

In a car, tent, park, bus, train station, abandoned building, or another public place

I do not have a usual place to sleep

Prefer not to disclose

- When the physical address is entered, the applicant has the option to use the same address as the mailing address by checking the Click here if same as physical address checkbox within the mailing address section.
- If the checkbox is checked, the mailing address fields disappear and are automatically populated with the physical address.

Address Information

PHYSICAL ADDRESS

Street Address * <input type="text" value="1 Dirt Drive"/>	Apt/Suite Number <input type="text"/>
Zip Code * <input type="text" value="87124"/>	City * <input type="text" value="Albuquerque"/>
State * <input type="text" value="New Mexico"/>	New Mexico County * <input type="text" value="Bernalillo"/>

Click here if you do not have a physical address.

MAILING ADDRESS

Click here if same as physical address.

Street Address * <input type="text"/>	Apt/Suite Number <input type="text"/>
Zip Code * <input type="text"/>	City * <input type="text"/>
State * <input type="text" value="New Mexico"/>	New Mexico County * <input type="text"/>

Address Information

PHYSICAL ADDRESS

Street Address *	Apt/Suite Number
<input type="text" value="1 Dirt Drive"/>	<input type="text"/>
Zip Code *	City *
<input type="text" value="87124"/>	<input type="text" value="Albuquerque"/>
State *	New Mexico County *
<input type="text" value="New Mexico"/>	<input type="text" value="Bernalillo"/>

Click here if you do not have a physical address.

MAILING ADDRESS

Click here if same as physical address.

[← PREVIOUS](#)

[SAVE AND CONTINUE →](#)

[Change Referral Type](#)

- Page 3 asks the applicant/family questions regarding any assistance or services they already receive from other programs.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	<input type="text"/>
Is the family eligible for or receiving Medicaid services? *	<input type="text"/>
Is anyone in home an expecting parent? *	<input type="text"/>

[← PREVIOUS](#)

[SAVE AND CONTINUE →](#)

[Change Referral Type](#)

- If the applicant selects Yes in the “Is anyone in the home an expecting parent?” field then a new question of “How many weeks of pregnancy?” appears.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	Yes
Is the family eligible for or receiving Medicaid services? *	Medicaid recipient
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- For all applicants/families living in any other County except Bernalillo and Valencia, this is the last question and the applicant moves on.
- If the applicant selected that services were needed in Bernalillo or Valencia Counties on page 1, then some questions only specific to residents of those counties appear in the following scenarios.
- These questions are only specific to Valencia and Bernalillo County residents because they are the only two Counties which offer the Nurse Family Partnership (FNP).

Please select the county where the family will need the services *

Bernalillo

- For families receiving services in Bernalillo or Valencia Counties, if the applicant selects No in the “Do you receive WIC?” field **and** No or I don’t know in the “Are you eligible for or receiving Medicaid services?” field, **and** enters 1 - 28 weeks of pregnancy in the “How many weeks of pregnancy?” field, then 2 new questions appear.
 - “Is this a first-time mother?”
 - “Family household size”

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	No
Is the family eligible for or receiving Medicaid services? *	No
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	28
Is this a first-time mother? *	
Family household size *	

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- When the family household size question is answered, the last question appears.
 - “What is the family’s gross monthly income?”
- Note: this question is only asked if the family needs services in Bernalillo and Valencia Counties and does not affect their eligibility for home visiting services in any way.
- All families are eligible for home visiting services regardless of their income.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	No
Is the family eligible for or receiving Medicaid services? *	No
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	3
Is this a first-time mother? *	No
Family household size *	3
What is the family’s gross monthly income? *	
Income is only used to determine eligibility for Nurse Family Partnership.	
	More than \$5,379.00 per month
	Less than or equal to \$5,379.00 per month

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- If the applicant/family selects Yes in either or both of the first two fields stating they do receive WIC and/or they are eligible for Medicaid services/Medicaid Recipient, then the Family household size question does not appear (Bernalillo and Valencia residents only).

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	Yes
Is the family eligible for or receiving Medicaid services? *	No
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	28
Is this a first-time mother? *	

← PREVIOUS

[Change Referral Type](#)

SAVE AND CONTINUE →

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	No
Is the family eligible for or receiving Medicaid services? *	Medicaid eligible
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	28
Is this a first-time mother? *	

← PREVIOUS

[Change Referral Type](#)

SAVE AND CONTINUE →

- If the applicant/family selects 29 weeks or more of pregnancy, then the is this a first-time mother question does not appear.

Personal Information

Does the family receive Women, Infants, and Children (WIC) nutrition assistance? *	No
Is the family eligible for or receiving Medicaid services? *	Medicaid eligible
Is anyone in home an expecting parent? *	Yes
How many weeks of pregnancy? *	29

← PREVIOUS

[Change Referral Type](#)

SAVE AND CONTINUE →

- Page 4 asks the applicant about their child information.

Child Information

How many children living with the family are newborn to Kindergarten? *

← PREVIOUS

SAVE AND CONTINUE →

[Change Referral Type](#)

- The user will need to collect information for all children in the household
- The number selected in the “How many children living with the family are newborn to Kindergarten?” field will determine how many child profiles must be completed.

Child Information

How many children do you have living with you who are newborn to Kindergarten? *

← PREVIOUS

SAVE AND CONTINUE →

Child Information

How many children do you have living with you who are newborn to Kindergarten? *

Child - 1

First Name *	Middle Name	Last Name *
<input type="text" value="Bunny"/>	<input type="text"/>	<input type="text" value="Bugs Jr."/>
Gender *	<input type="text" value="Male"/>	
Date of Birth *	<input type="text" value="01/15/2022"/>	

← PREVIOUS

SAVE AND CONTINUE →

- Page 5 is the review page where the user can review all information they have entered in the referral and edit each section as needed.
- If all information is accurate, the user can click the Check Eligibility button to proceed to the final page of the referral.

Review Home Visiting Referral

BASIC INFORMATION		ADDRESS INFORMATION	
Full Name Bunny, Bugs	Date of Birth 01/15/1986	Physical Address Does not have a physical address.	Mailing Address 1 shelter Drive Los Alamos, New Mexico 87124
Gender Male	Preferred Language English		County Los Alamos
Phone Number (505) 654-6546	Email bugs.bunny@test.com	Current Living Situation At a shelter	
County where services are needed Los Alamos		EDIT	
How did you hear about Home Visiting? Early Show with Alax			
EDIT			
PERSONAL DETAILS			
Receives WIC nutrition assistance Yes	Medicaid eligible or Medicaid recipient I don't know		
Is anyone in the home an expecting parent? Yes	Weeks of pregnancy 3		
EDIT			
CHILD INFORMATION			
Child - 1			
Name Bugs Jr., Bunny	Date of Birth 01/15/2022	Gender Male	
EDIT			
← PREVIOUS		CHECK ELIGIBILITY →	

- Page 6 is the final page of the referral. This page lets the user know that the applicant/family is eligible for home visiting services.
- The user has the option to select the home visiting provider from the county they selected to which they wish to assign the referral to at this time.
- The referral will be routed to the home visiting provider’s Assigned Referrals queue upon being submitted.
- If the applicant/family does not have a provider preference, the user can check the “I don’t have a provider preference.” check box and the referral will be routed to the open referrals queue upon being submitted, where any provider who provides services within the family’s county can pick up the referral.

Home Visiting Eligibility

Based on the information provided, you are eligible to receive Home Visiting services.

New Mexico home visiting system offers diverse models to support the growing needs of families and communities. For more information, please visit: [Home Visiting](#).

Based on the information provided, you are eligible to receive the following Home Visiting models.

- Partners for Healthy Baby
- Nurturing Parenting
- Parents and Teachers
- Promoting First Relationships
- First Born and More
- Child First
- Healthy Family America
- Nurse Family Partnership

Home Visiting Eligibility

Based on the information provided, you are eligible to receive Home Visiting services.

New Mexico home visiting system offers diverse models to support the growing needs of families and communities. For more information, please visit: [Home Visiting](#).

Please select a Home Visiting Provider

Los Pasitos Family Services	
Counties Served:	Bernalillo, Sandoval (Waitlist Only), De Baca
Phone Number:	(505) 265-5254
Languages Spoken:	English/Spanish (Bilingual), English
Medicaid Provider:	No
View More Details ▾	
	SELECT PROVIDER

I don't have a provider preference.

[← PREVIOUS](#)

[SUBMIT REFERRAL →](#)

- Once the applicant/family submits the referral, they will not be able to submit another referral until the current referral is completed.
- Submitting another referral after one has been submitted and accepted will result in a duplicate referral which may be rejected.
- The applicant can track the status of their referral on their home page as well as view the details of their referral by clicking the View Details button.
- The referral status will be updated once the information has been transferred to the UNM home visiting system and the referral has been completed.

Home Visiting Referral Submitted

The referral has been submitted. The family will be contacted by a Home Visiting program representative within 3-5 business days.

[GO BACK TO HOME](#)

Hello, Bunny!

Welcome to your home page. Here you can create a new application or Home Visiting referral, continue the progress of an application or referral, and review the status of an existing application or referral previously submitted.

Have an application or referral related question? [click here](#)

APPLICATION

Start an application for these programs:

Child Care Assistance, PreK, Family Infant Toddler (FIT) Program, Families First

If you need help call 1-800-832-1321.

[→ START APPLICATION](#)

HOME VISITING REFERRAL

You have an active Home Visiting referral. You may not start a new referral at this time.

HOME VISITING SUBMITTED REFERRALS

▾ Referral - 1123

Referral ID

1123

Submitted Date

06/04/2024

Current Status

Assigned to Provider

Status Date

06/04/2024

[VIEW DETAILS](#)

HV Referral

REFERRAL INFORMATION

Referral ID
1123

Submitted Date
06/04/2024

Current Status
Assigned to Provider

Referral Type
Self-Referral

Submitted By
Bugs, Bunny

Status Date
06/04/2024

BASIC INFORMATION

Full Name
Bunny, Bugs

Gender
Male

Phone Number
(505) 654-6546

County where services are needed
Bernalillo

How did you hear about Home Visiting?
Early Show with Alax

Date of Birth
01/15/1986

Preferred Language
English

Email
bugs.bunny@test.com

ADDRESS INFORMATION

Physical Address
Does not have a physical address.

Mailing Address
1 shelter Drive
Los Alamos, New Mexico
87124

County
Los Alamos

Current Living Situation
At a shelter

PERSONAL DETAILS

Receives WIC nutrition assistance
Yes

Is anyone in the home an expecting parent?
Yes

Is this a first-time mother?
No

Medicaid eligible or Medicaid recipient
I don't know

Weeks of pregnancy
3

CHILD INFORMATION

Child - 1

Name
Bugs Jr., Bunny

Date of Birth
01/15/2022

Gender
Male