 **ECKERD CONNECTS | COMMUNITY ALTERNATIVES- HILLSBOROUGH**

**Baby Born Alert for Local Community Hospitals**

**Please FAX this sheet separately to ALL 4 HOSPITALS listed below AT LEAST 2 MONTHS prior to the estimated date of delivery:**

|  |  |
| --- | --- |
| **FROM:** | **Case Manager Organization Care Manager:** |
| **DATE:** | **Contact phone #:** |
| **TIME:** | **CMO Supervisor and Phone #:** |

|  |
| --- |
| **ATTN: St. Joseph’s Women’s Hospital Social Work Services: Fax 813.872.2948**  **Phone 813.872.3915** |
| **ATTN: Women’s Center at Florida Hospital Case Management: Fax 813.615.7877**  **Phone 813.615.7200 ext. 51975 or (813) 615-7922 OR 813-615-7268 (direct line)** |
| **ATTN: Tampa General Hospital Social Work Services: Fax 813.844.4262**  **Phone 813.844.4541** |
| **ATTN: Brandon Regional Hospital Utilization Management: Fax 813.916.2875**  **Phone 813.681.5551** |

|  |  |
| --- | --- |
| **Mom Name (Last, First; Aliases):** |  |
| **Mom DOB:** |  |
| **Mom SSN:** |  |
| **Estimated Date of Delivery or # months pregnant** |  |
| Eckerd Community Alternatives-Hillsborough has been made aware that **(*Enter Mother’s Name*)** is **(*enter months pregnant here*)**. ***(Mother’s Name)*** is currently involved with Child Protective Services and we believe that this newborn maybe at risk as a result. Therefore, Eckerd Community Alternatives-Hillsborough is requesting that if ***(enter mother’s name)*** delivers at your hospital, her care manager ***(enter CM name)***, is contacted immediately at ***(Enter Phone #)*** and/or that you call in a report to the abuse hotline if you have any concerns of your own. | |