WITH YOU MAMA
Early Support and Care

Alkimachou 1, 11634, Αθήνα
Tel.: 210 – 72.92.999
e-mail: info@mazisoumama.com

REFERRAL FORM

(The completion of the form is optional)

Please complete the referral form and send it to info@mazisoumama.com, including the full name of the pregnant woman or mother being referred in the subject line.

Referrer's details (To be completed by the referring professional)	
Full name	
Organization	
Specialty	
Phone number	
Email	

Referral details (Details of the person being referred)	
Full name	
Date of birth	
Week or Month of pregnancy / Expected date of delivery	_____ / _____
Date of delivery (if already given birth)	_____/_____/_____

I have informed the pregnant/mother about the program of MaMa and I am referring her to you for the following reason:

Date

Signature

Criteria for Participation

- Pregnant women, regardless of the stage of pregnancy.
- Mothers, up to the end of the first year after childbirth.
- Participation is available to pregnant women and mothers who are at least 18 years old *(Minors must be represented by a parent or legal guardian)*.

Priority is given to pregnant women and mothers who:

- Have no income or are living at or near the minimum wage threshold, as defined by the relevant authorities.
- Are first-time mothers or in the postpartum period.
- Lack family support or belong to single-parent families.
- Face difficulties entering or re-entering the labor market.