

FIRST BORN PROGRAMS

Grant County / Silver City

Gila Regional Medical Center

575-388-9708

abowen@grmc.org

Rio Arriba County / Espanola

Presbyterian Espanola Hospital

505-747-2050

esnickles@phs.org

Santa Fe County / Santa Fe

Santa Fe Children's Project United Way
of Santa Fe County

505-670-5181

andreas@uwsfc.org

Socorro County / Socorro

Presbyterian Socorro General Hospital /
Community-Based Programs

575-835-4193

khashimot@phs.org

Bernalillo, Valencia, Sandoval, Doña Ana, Cibola, and Luna Counties

CHI St. Joseph's Children

505-924-8000 (Bernalillo, Valencia and
Sandoval Counties)

diannewagemann@stjposephnm.org

575-640-1818 (Doña Ana County)

marygarcia@catholichealth.net

505-552-1023 (Cibola County)

krishnasingh@catholihealth.net

575-543-5900 (Luna County)

marygarcia@catholichealth.net

San Miguel and Mora Counties / Las Vegas

First Born of Northern New Mexico

505-454-1343

louisehoog@aol.com

Hidalgo County / Lordsburg

Hidalgo Medical Services

575-542-2357

isaenz@hmsnm.org

McKinley County / Gallup

North West New Mexico First Born

505-863-8850

henrietta@NWNMFirstBorn.org

San Juan County / Farmington

North West New Mexico First Born

505-325-9187

diana@NWNMFirstBorn.org

Los Alamos County / Los Alamos

First Born of Los Alamos

505-661-4810

welcome@firstbornla.org



First Born® is home visitation for women pregnant for the first time, families parenting for the first time and families adopting their first baby. Services may begin any time during pregnancy, at the birth of the baby, and until the baby is two months of age. Services include support, education, assessment, service coordination and advocacy. All services are free and may continue until the baby is three years of age.

To make a referral to a First Born Program, e-mail or telephone the program with the following information:

Mother's name: _____

Mother's DOB: _____

Mailing address: _____

Street address: _____

Phone number: _____

Language spoken in home: _____

Estimated due date: _____

OR

Baby's DOB _____

Other information:

Mother's signature: _____ Date

Referral source signature _____ Date

Name of agency or organization _____ Phone number