

FIRST BORN PROGRAMS

Grant County / Silver City
Gila Regional Medical Center
575-388-9708 Extension 30
cmcintosh@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
505-819-0139
andreas@uwsfc.org

Socorro County / Socorro
Presbyterian Socorro General Hospital
Community-Based Programs
575-835-4193
bmartinez12@phs.org

Bernalillo, Valencia, Sandoval, Doña Ana, Cibola, Chaves, and Luna Counties
CHI St. Joseph's Children
diannewagemann@stjposephnm.org
505-924-8000 (Bernalillo, Valencia, and Sandoval Counties)
marisolaviles@catholichealth.net

575-640-1818 (Doña Ana County)
575-543-5900 (Luna County)
marygarcia@catholichealth.net

505-552-1023 (Cibola County)
krishnasingh@catholihealth.net
575-755-2229 (Chaves County)
ElecticiaMartinez@catholichealth.net

San Miguel, Mora, and Harding Counties
First Born of Northern New Mexico
505-454-1343
FirstBornNNM@gmail.com

McKinley County / Gallup
Northwest New Mexico First Born
505-863-8850
Crystal@NWNMFirstBorn.org

San Juan County / Farmington
Northwest 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