

# Community Health Navigator Program - South Sacramento

## REFERRAL FORM

**SECTION A: Referring Information**

Date: _____	
Referring Agency: _____	Referring Staff: _____
Phone number: _____	Email: _____
Release of Information Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b><i>*Please note: A copy of Release of Information form is necessary to process your referral*</i></b>	

**SECTION B: These details must be provided in full**

Client Name: Last,		First	Middle	
Ethnicity:	Primary Language:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Street Address or current living situation:				
City:	Zip:	Phone Number:	Message Phone:	

**SECTION C: Clinical staff supporting this referral (fill in all that apply)**

Health Advocate:
Physician/Nurse Practitioner/Physician's Assistant:
Peer Counselor:
Community Member:

**SECTION D: Reasons for referral**


**SECTION E: Outcomes of referral**

FOR CHNP STAFF ONLY	
Date Referral Received: _____	
Date referred applicant was contacted and screened: _____	
If applicant was not screened, why not? _____	
Was client approved for CHNP program?	YES                      NO
<i>All referrals should be stapled to Screening Tool and kept, regardless if household is approved or not for CHNP program.</i>	

- Referring Agency will complete form and route to appropriate agency:
  - *Hmong Women's Heritage Association: Hmong referrals*
    - 2245 Florin Road, Sacramento, CA 95822, Phone: (916) 394-1405 FAX: (916) 392-9326
  - *Southeast Asian Assistance Center: Vietnamese, Cambodian, and Mien referrals*
    - 5625 24th Street, Sacramento, CA 95822, Phone: (916) 421-1036 FAX: (916) 421-6731
- Receiving Agency will review referral and contact referred party to conduct further screening
- For questions or further assistance, contact Ashley Tolle at Capitol Community Health Network:
  - 4825 J. Street, Suite 222, Sacramento, CA 95819, Phone (916) 447-7222 FAX: (916) 454-4565