

El Paso County Public Health Citizens Service Center 1675 West Garden of the Gods Road, Suite 2044 Colorado Springs, CO 80907 Phone (719) 578-3204

REFERRAL FOR INFORMATION AND RESOURCES

SEND REFERRALS TO: HEAResources@elpasoco.com • OR • FAX TO:719.578.3234 _____ Referred by:_____ Date: _____ Phone number: _____ Email: Child's name: _____ Date of birth: _____ Parent/Guardian name: _____ Phone (home, cell, work): _____ Email: ____ **Preferred Language:** English Spanish Other _____ Type of insurance/benefits: Medicaid SSI Medicaid Waiver CHP+ Private Insurance None Reason(s) for referral: Rent/Utilities Educational/IEP/IFSP Medical/Specialty Care **Transition** Respite/Child Care Food Legal **Mental Health Transportation** Medication Parenting Housing **Medical Equipment Behavioral** Insurance PT/OT/ST SSI/TANF Family Relationships Other ____ Additional Information:

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