



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

Date: _____ Referred by: _____

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

Food

Transportation

Housing

Insurance

SSI/TANF

Educational/IEP/IFSP

Transition

Legal

Medication

Medical Equipment

PT/OT/ST

Medical/Specialty Care

Respite/Child Care

Mental Health

Parenting

Behavioral

Family Relationships

Other _____

Additional Information:

