

STATE OF HAWAII/DEPARTMENT OF HEALTH  
CHILDREN WITH SPECIAL HEALTH NEEDS PROGRAM  
741 SUNSET AVENUE, HONOLULU, HI 96816

**COMMUNITY REFERRAL FOR SERVICE**

CHILD LAST NAME:	FIRST:	MIDDLE:	BIRTHDATE:
------------------	--------	---------	------------

GENDER	ETHNICITY(IES)	LANGUAGE(S) SPOKEN IN HOME	CAREGIVER LANGUAGE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE <input type="checkbox"/> OTHER:			<input type="checkbox"/> ENGLISH WRITTEN & SPOKEN <input type="checkbox"/> ENGLISH SPOKEN ONLY INTERPRETER NEEDED? Y <input type="checkbox"/> N <input type="checkbox"/> PREFERRED LANGUAGE:

RESIDENTIAL ADDRESS:	HOMELESS? Y <input type="checkbox"/> N <input type="checkbox"/>
----------------------	---

MAILING ADDRESS:
------------------

PARENT/GUARDIAN NAME(S)	PHONE	H/C/W
1: <input type="checkbox"/> FA <input type="checkbox"/> MO <input type="checkbox"/> OTHER:		
2: <input type="checkbox"/> FA <input type="checkbox"/> MO <input type="checkbox"/> OTHER:		
OTHER LEGAL GUARDIAN:	SPECIFY:	

EMAIL (1):	EMAIL (2):	EMAIL (OTHER):
------------	------------	----------------

PCP:	PH:	FAX:
------	-----	------

PRIMARY INSURANCE:	SECONDARY INSURANCE:
--------------------	----------------------

REASON FOR REFERRAL:
----------------------

SIGNIFICANT INFORMATION (i.e. conditions/diagnoses, hospitalizations, discharge date, evaluations conducted):
---

OTHER AGENCIES/PROVIDERS INVOLVED:	CONTACT NUMBERS:
1.	1.
2.	2.
3.	3.
4.	4.

REFERRED BY/TITLE:	DATE:
--------------------	-------

AGENCY:	PHONE:
---------	--------

**Fax to Oahu office: 808-733-9068**

Phone Numbers: Oahu: 733-9055 • Hilo: 974-4288 • Kona: 322-4882 • Maui: 984-2130 • Kauai: 241-3376