COMMUNITY HEALTH INITIATIVE of Kern County

Dignity Health. Mercy & Memorial Hospitals

Community Health Initiative of Kern County
CHI-KernCounty@DignityHealth.org
General Number: 661.632.5018
CoveredKernCounty.org

CLIENT REFERRAL FORM

DATE:	FROM:
TO: **Community Health Initiative (CHI)** **Cecilia Flores / Nancy Gonzalez**	AGENCY:
PHONE NUMBER: **661-632-5018**	SENDER'S PHONE:
FAX NUMBER: **661-632-5988**	SENDER'S FAX:
EMAIL: **CHI-KernCounty@DignityHealth.org**	SENDER'S EMAIL:

Client's Contact Information:

Client Name: _____ Best Time to Call: _____

Phone Number: _____ Home / Cell Alternate Phone: _____

Email: _____ ☐ English ☐ Spanish ☐ Other:_____

Reason for Referral:

Please select a program (if applicable):

☐ Medi-Cal ☐ Covered California ☐ Medicare ☐ Cal-Fresh

Client needs assistance with:

☐ New application	☐ Renew application	☐ Add a member
☐ Select / change health plan	☐ Select / change doctor	☐ Check eligibility status
☐ Billing issues	☐ Referral authorization	☐ Prescription assistance
☐ Submit changes to DHS / health plan	☐ Request BIC / health plan cards	☐ Health insurance issues / advocacy
☐ Request a Medi-Cal renewal packet	☐ Schedule appointments	☐ Remove secondary insurance
☐ Request Medi-Cal renewal date	☐ Request Transportation	☐ Understanding health coverage

☐ Other/ Notes: _____

_____

Referral Tracking (Initial Contact):

1st Call Initials: _____ ☐ SF

Date: _____ Time: _____

☐ Contact made ☐ LM ☐ ULM

Notes: _____

2nd Call Initials: _____ ☐ SF

Date: _____ Time: _____

☐ Contact made ☐ LM ☐ ULM

Notes: _____

3rd Call Initials: _____ ☐ SF

Date: _____ Time: _____

☐ Contact made ☐ LM ☐ ULM

Notes: _____

Initial Outcome: ☐ Declined services ☐ Prescreening ☐ PES / Education ☐ In progress ☐ CLOSED

Notes: _____