

# Center for Family Services

213 West Center Street, Meadville, PA 6335 (Phone) 814-337-8450 (Fax) 814-337-8457

---

## Community Health Worker Referral

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M / F / O

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ Marital Status: S / M / D / W

Email: \_\_\_\_\_

### Primary Referral Reason

Currently residing in Crawford County?  Yes  No

Currently or previously received Mental Health Services?  Yes  No

Currently or previously received Drug & Alcohol Services?  Yes  No

### Needs/Concerns/Notes:

---

---

---

---

### Social Determinants of Health Needs (Check All That Apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Behavioral (Mental) Health | <input type="checkbox"/> Financial/Income                  | <input type="checkbox"/> Physical Health            |
| <input type="checkbox"/> Childcare                  | <input type="checkbox"/> Food Insecurity                   | <input type="checkbox"/> Social (Community Support) |
| <input type="checkbox"/> Clothing                   | <input type="checkbox"/> Health/Healthcare (Insurance/PCP) | <input type="checkbox"/> Transportation             |
| <input type="checkbox"/> Employment                 | <input type="checkbox"/> Housing (Rent/Home Repair)        | <input type="checkbox"/> Utilities                  |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Homeless (Eviction/Housing)       |   |

---

Referral By: \_\_\_\_\_ Date of referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

---

### Send referral to:

**Sondra Anderson, CHW Supervisor**

via:

Email: [s.anderson@ctrforfamilyservices.org](mailto:s.anderson@ctrforfamilyservices.org) or mail/fax to above address/number

Internal Use Only:

Waitlisted-Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Not Opened-SDoH Resolved  Not Opened-Unable to Contact

Caseworker Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_