

Date: _____

Member Information

| | |
|--|--|
| Member name | Date of birth |
| Member ID | Phone |
| Preferred language | Preferred contact method (optional; select all that apply): <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> No preference |
| Is the member aware of this referral (optional): <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian (if applicable) |

Provider Information

| | |
|--|--|
| Provider name | Provider ID |
| Role in the member's care team: <input type="checkbox"/> Primary care provider (PCP) <input type="checkbox"/> Specialist <input type="checkbox"/> Other | Office contact name |
| Phone | Email/Fax |
| Best time to call back | Follow-up preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax |

Please check the identified need:

Help identifying resources for the following Health-Related Social Needs (HRSN):

- Education and employment
- Food and nutrition
- Finances (budget/utilities)
- Housing resources
- Transportation
- Vital records
- Help scheduling appointments or transportation

Help finding a provider:

- Primary care physician (PCP)
- Specialist (e.g., endocrinology, behavioral health, trauma specific)
- Vision
- Dental
- Help with durable medical equipment (DME)
- Translation services and preferred language materials
- MOM Options Maternity Program referral
 Estimated date of delivery: _____
- Case management referral
- Care gaps or EPSDT

- Caregiver resources
 - Self-directed attendant care (SDAC)
 - Respite care
- Coaching and education on:
- Health conditions
 - Plan benefits and resources
 - Site of care (e.g., proper use of urgent care and emergency services)
 - Crisis follow-up resources (recent suicide attempt or bereavement after death by suicide)
 - Multiple missed appointments or follow-up care
 - Treatment plan nonadherence
 - Medication nonadherence
 - Pharmacy consult on controlled substances
 - Screening for mental health or substance use
 - Tobacco cessation
 - Weight management

Other/additional comments: