Community Connections
Confidential Referral

From/Contact Person:	To: Community Connections
Referring Agency:	**District Health Department #10 HUB** (Crawford, Kalkaska, Manistee, Missaukee, Wexford Lake, Mason, Mecosta, Newaygo, Oceana Counties) **Fax: 1-231-622-7413 Phone: 1-888-217-3904 ext 3**
Phone:	**Grand Traverse Regional HUB/Benzie-Leelanau District Health Department** (Benzie, Grand Traverse, Leelanau Counties) **Fax: 1-231-882-0143 Phone: 1-833-674-2159**
Fax:	**Health Department of Northwest Michigan HUB** (Antrim, Charlevoix, Emmet, Otsego, Cheboygan, Montmorency, and Presque Isle Counties) **Fax**: **1-231-547-6238 Phone**: **1-800-432-4121**
Date Referred:	**Date Received**: _____ **Insight #** _____
Health Care Provider:	

Print Name:_____ **DOB:**_____/_____/_____ **Gender:** _____
Parent/Guardian Name *(If a minor)*: _____
Primary Phone: ___-___-____ **Alt. Phone:** ___-___-____ **County** _____
Address _____ **City** _____ **Zip Code** _____

Preferred method of client contact: ☐ Phone ☐ Text _____
Insurance: ☐ **Meridian Medicaid** ☐ **McLaren Medicaid** ☐ **Molina Medicaid** ☐ **Priority Health Medicaid**
☐ **United Healthcare Medicaid** ☐ **Straight Medicaid** ☐ **Private** ☐ **Medicare** ☐ **Uninsured** ☐ **Other**
Is patient aware of referral? ☐ Yes ☐ No

Reason for referral:

☐ Needs Medical Home
☐ Appt. Reminder: Date _____ Time _____ ☐ History of no shows
☐ At risk of dismissal from medical home ☐Yes ☐No - specify:
☐ Behavioral Health Services - specify: _____
☐ Health Education - specify: _____
☐ Inappropriate ED Use - specify/provide dates: _____
☐ Frequent No Shows – specify/provide dates: _____
☐ Oral Health Services - specify: _____
☐ Schedule Appt./Follow-up/Labs - specify: _____
☐ Needs Well-Child exam/Adult Preventative Exam

☐ Other medical social needs:
- ☐ Adult Education - academic
- ☐ Childcare
- ☐ Domestic Violence
- ☐ Employment
- ☐ Food
- ☐ Housing
- ☐ Immunizations
- ☐ Health Insurance
- ☐ Transportation
- ☐ Utilities
- ☐ Medication Assessment/Management

☐ Other_____

NORTHERN MICHIGAN COMMUNITY HEALTH INNOVATION REGION

COMMUNITY connections

Welcome to Community Connections. We can work together to help you and your family stay healthy!

Name _____

Name of Health Care Provider _____

Question	Yes	No
In the past month, did poor physical health keep you from doing your usual activities, like work, school or a hobby?	☐	☐
In the past month did poor mental health keep you from doing your usual activities, like work, school, or a hobby?	☐	☐
In the past 3 months, was there a time when you needed to see a doctor but could not because it cost too much?	☐	☐
In the past 3 months, have you had to eat less than you feel you should because there is not food?	☐	☐
Is it hard to find work or another source of income to meet your basic needs?	☐	☐
Are you worried that in the next few months, you may not have housing?	☐	☐
Has it been difficult to go to work or school because you couldn't find care for a child or older adult?	☐	☐
Do you think completing more education or training, like finishing a GED, going to college, or learning a trade, would be something you would like to work on in the next 6 months?	☐	☐
Do you have trouble getting to school, work or the store because you don't have a way to get there?	☐	☐
In the past 3 months, have you had a hard time paying your utilities?	☐	☐
Have you been a patient in the Emergency Room 2 or more times in the past 6 months?	☐	☐

You identified some needs today that may make being healthy very difficult. Would you like someone from our team to assist you in person, via phone or text to work on the needs that you identified today? ☐ Yes ☐ No

If yes, please fill out your contact information below. Thank you.

Print Name:_____ **DOB:**_____/_____/_____ **Gender:** _____

Parent/Guardian Name *(If a minor)*: _____ **County** _____

Primary Phone: _____ **Alt. Phone:** _____ **Zip Code** _____

Address _____ **City** _____

Preferred method of client contact: ☐ Phone ☐ Text

_____ _____

Signature Date

This tool has been adapted from the Health Leads Social Needs Screening