




Public Health
Prevent. Promote. Protect.
**Tuscarawas County
Health Department**



Tuscarawas County Health Department Program Referral Form



REFERRED PERSON			
NAME			
EMAIL		PHONE	
WHY ARE YOU REFERRING THIS PERSON? (CHECK ALL THAT APPLY)	<input type="checkbox"/> Cribs for Kids <input type="checkbox"/> Immunizations <input type="checkbox"/> Ohio Buckles Buckeyes <input type="checkbox"/> Safe Beginnings <input type="checkbox"/> Women, Infant, and Children (WIC) <input type="checkbox"/> Other (please specify): _____		
REFERRED BY			
AGENCY NAME			
YOUR NAME		PHONE	
EMAIL		DATE SUBMITTED	
PLEASE RETURN COMPLETED FORM IN PERSON OR VIA EMAIL or FAX			
EMAIL	healthed@tchdnow.org	FAX	330-365-3765 or 330-343-1601
RECIPIENT USE ONLY			
DATE RECEIVED		RECEIVED BY:	
CONTACT ATTEMPTS	1.	2.	3. Lost to follow-up

There will be three attempts made to reach the individual. Once there have been three unsuccessful attempts, they will be marked as lost to follow-up; however they are always welcome to call us.

8/18/2021 NY

 897 E. Iron Ave.
Dover, OH 44622

 (330) 343-5555
 (330) 343-1601

 www.tchdnow.org
 director@tchdnow.org

