



**Public Health**  
Prevent. Promote. Protect.

**Tuscarawas County  
Health Department**


## Tuscarawas County Health Department



### Program Referral Form

REFERRED PERSON			
NAME		DOB	
PREFERRED LANGUAGE	[ ] English [ ] Spanish [ ] Other (please specify):		
IS CLIENT A U.S. CITIZEN OR HAVE AN EXEMPTION? *	[ ] Yes [ ] No (Please do <b>NOT</b> provide SS# on this form)		
DUE DATE/ CHILDREN AGES			
EMAIL		PHONE	
WHY ARE YOU REFERRING THIS PERSON? (CHECK ALL THAT APPLY)	<input type="checkbox"/> Cribs for Kids (Criбетtes) <input type="checkbox"/> Immunizations <input type="checkbox"/> Ohio Buckles Buckeyes (Car Seats) <input type="checkbox"/> Women, Infant, and Children (WIC) *Please attach ROI. <input type="checkbox"/> Safe Beginnings *Client must be able to provide a SS to be eligible for this program. (CHECK IF UNSURE) <input type="checkbox"/> Bridges to Wellness		
REFERRED BY			
AGENCY NAME			
YOUR NAME		PHONE	
EMAIL		DATE	
PLEASE RETURN COMPLETED FORM IN PERSON OR VIA EMAIL or FAX			
EMAIL	<a href="mailto:healthed@tchdnow.org">healthed@tchdnow.org</a>	FAX	330-365-3765 or 330-343-1601
RECIPIENT USE ONLY			
DATE RECEIVED		STAFF	
CONTACT ATTEMPTS	1.	2.	3.                      Lost to follow-up

**Thank you for your referral!**

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.

 897 E. Iron Ave.  
Dover, OH 44622  
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 (330) 343-5555  
 (330) 343-1601

 [www.tchdnow.org](http://www.tchdnow.org)  
 [director@tchdnow.org](mailto:director@tchdnow.org)

