



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 NOT 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	healthed@tchdnow.org	FAX	330-364-8946
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
 director@tchdnow.org

