



COMMUNITY SUPPORTS (CS) REFERRAL FORM

MEMBER INFORMATION
Please print or type

Last Name: _____ First Name: _____ Date: _____
 Mailing Address: _____ City: _____ Zip: _____
 Medi-Cal ID: _____ Phone: _____ Birth Date: _____
 Language Preference: English Spanish Other: _____

REFERRAL SOURCE INFORMATION

Last Name: _____ First Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____

RELATION TO MEMBER: Self Parent / Guardian Family / Friend Primary Care Provider (PCP) ECM Provider
 Other Service Provider GCHP Staff Community Based Organization (CBO)

PREFERRED CONTACT METHOD: Email Phone Mail

REFERRING ORGANIZATION (if applicable):

HAS THE MEMBER BEEN INFORMED THAT A REFERRAL WAS BEING SUBMITTED? Yes No

REASON FOR REFERRAL *(check all that apply)*

Community Support	What is it?	Who is eligible?
<input type="checkbox"/> Medically Tailored Meals	Meals designed for specific medical needs following hospitalization.	Members who had a hospital stay for Congestive Heart Failure-related reasons within the past 30 days.
<input type="checkbox"/> Housing Transition Navigation	Help with finding and getting housing, including help with housing applications.	Members who are homeless or at risk of homelessness and at least one of the following: <ul style="list-style-type: none"> Have one or more serious chronic conditions Serious mental illness / substance use disorder At risk of institutionalization Serious emotional disturbance (children / adolescents) Exiting incarceration OR Transitional-aged youth with significant barriers to housing
<input type="checkbox"/> Housing Deposits	Funding for one-time services necessary to establish a household, including security deposits, first month's utilities, equipment needed for a health condition, or first and last month's rent.	
<input type="checkbox"/> Housing Tenancy and Sustaining Services	Help with keeping housing, including help with managing money and good tenant behaviors.	
<input type="checkbox"/> Recuperative Care	Short-term housing and medical care for members leaving the hospital who are likely to get worse without support.	
		Members who are at risk of going into or back into the hospital AND at least one of the following: <ul style="list-style-type: none"> Are homeless or at risk of homelessness. Live alone with no formal supports. Housing insecurity that puts their health and safety at risk.