Bridges to Health Pathways

Referral

All referrals should be sent: **b2h@gorgehealthcouncil.org or faxed to 541-397-0004 or via form at www.cghealthcouncil.org/bridges-to-health**

*Referrals should be sent for households or individuals who have expressed interest in learning more about or wanting to participate in the Bridges to Health Pathways Program.
*Clients being referred must live in Hood River or Wasco County

COMMUNITY MEMBER/CLIENT BEING REFERRED

Client or Parent/ Guardian Name: _____ Date of Birth: _____

Phone #: _____Ok to leave a message? _____ Ok to text? _____ Email: _____

Contact preference: ☐ Phone ☐ Text ☐ Email Client's Physical Address: _____

Client info: Gender identity: _____Primary spoken language: ☐English ☐Spanish ☐ Other: _____

Race / ethnicity identity: _____Does the client identify with a disability? ☐Yes ☐No

Is client houseless? ☐ Yes ☐ No Is client a veteran? ☐ Yes ☐ No Household size: _____

Client's Primary Care Provider Name: _____ Clinic Name: _____

REFERRED BY

Name: _____ Phone #: _____ Email: _____

Today's Date: _____ Agency/ School and your title: _____

BRIDGES TO HEALTH PATHWAYS PROGRAM CRITERIA

To qualify for the program, the answer to questions 1 and 2 below must be 'YES'

1- **Client is struggling to access resources on their own: ☐ YES ☐ NO**
2- **Client understands this program provides support to help access services: ☐ YES ☐ NO**
3- **Services needed:** *(Must have **at least 2** from the below list. Select all that apply)*

☐ Housing Stability Resources
☐ Assistance with Overcoming Transportation Barriers
☐ Utility Resources (medical phone, energy assistance)
☐ Food Resources
☐ Clothing & Personal Items Assistance
☐ Documentation (SS cards, ID, birth certificate)
☐ Developmental Referral (EI/ ESD)
☐ Education Resources (GED, Parenting Ed, Financial Ed, Continuing Ed)
☐ Pregnancy/ Postpartum Resources
☐Referral to get Health Insurance
☐ Childcare Resources
☐ Substance Abuse Resources
☐ Primary Medical Care/ Dental Care
☐ Medication Assistance Programs
☐ Referral for Smoking Cessation Programs
☐ Other: _____

Additional Information including other household members with date of birth/ age:

_____

_____

_____

For additional information about the Bridges to Health Pathways Community HUB Program
Phone#:541-705-2705 or email B2H@gorgehealthcouncil.org