CLARK COUNTY WASHINGTON
PUBLIC HEALTH
clark.wa.gov
1601 E Fourth Plain Blvd, Bldg 17
PO Box 9825
Vancouver, WA 98666-8825
360.397.8000

CHILDREN and YOUTH w/ SPECIAL HEALTH CARE NEEDS (CYSHCN) Program

To refer a family with a child with special health care needs for Public Health Nurse follow-up and support, please complete this form and FAX to number below:

FAX: 564.397.8442, or Call: 564.397.8440

***Note—Mandatory fields**

***Date:**_____ ***Referral Source:**_____
(MM/DD/YY) Name / Agency/ Phone # of person making referral

***Child:**_____ ***DOB:**_____ ***Sex:** M☐ F☐
Last, First M mm/dd/yy

Race/Ethnicity:_____ **Medicaid:** Y☐ N☐ **Provider One #**_____

Social Security (SSI): Y☐ N☐ **School Attending *(if applicable)*** _____

Parent(s) Informed of Referral: Y☐ N☐ **nterpreter Needed:** Y☐ N☐ **Lang.**_____

***Parent(s) Name:**_____

_____
Street Address/PO Box City State Zip

_____ _____
Phone # 1 Phone # 2

Child's Healthcare Provider/Specialists:_____

_____

All Diagnoses:_____

_____

Concern/Needs:_____

_____

_____