**Refugee Health Promotion Services Referral Form**

Version 3.0 | July 2021

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| **Personal** **Information** |
| Full Name: |  |
| Address: |  |
| Phone Number: |  |
| Date of Referral Request: |  |
| Referring Source: | ❑ | Resettlement Agency | ❑ | Ethnic Community Based Organization | ❑ | Health Provider | ❑ | Self | ❑ | Other |
| Date of Birth |  |
| Immigration status\*: |  |
| Date of arrival/ grant of qualifying status\*\*: |  |
| Resettlement Agency: |  |
| Referral for Refugee Health Promotion services in which County? (Circle one) | Maricopa County | Pima County |
| Referral for which Refugee Health Promotion service(s)? (Circle one or both) | Mental Health Navigation Case Management | Health Literacy Education |
| If referring for health literacy education, are there particular topics the client would like the classes to cover? |  |

\*Per federal regulations, Refugee Health Promotion may only serve individuals with one of the following immigration statuses: Refugee, Asylee, Cuban Haitian Entrant, Special Immigrant Visa Holder, Certain Amerasians, Adult Victims of Trafficking.

\*\* Per federal regulations, RHP clients must be within their first five (5) years of arrival or grant of qualifying status.

For Refugee Health Promotion Program Staff Use Only

Eligibility must be verified by RRP before clients are enrolled into services.

❑ Eligibility verified by RRP ❑ not eligible, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date eligibility was verified by RRP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_