Community Health Worker Referral Form

Use this form to get help for your patient (our HUSKY Health member) by contacting the HUSKY Health Community Health Worker Ambassador program. Please get the member's consent to speak with a Community Health Worker (CHW) before making the referral.

To speak with a CHW about your patient, call 1.888.786.2345. Or submit the completed form via email: CHWreferral@chnct.org or by fax: 203.626.7008.

Date:	Provider Office Contact Name:
Provider Office Telephone Number:	Provider Office Contact Email:
Member Name (Last, First):	Member Date of Birth (MM/DD/YYYY):
HUSKY Health ID Number (9 characters):	Member Current Street Address (Street/Town/Zip):
Did the member consent to speaking with a CHW?	◯ Yes ◯ No
Select the preferred way to reach the member: ◯ Telephone Number: _____ ◯ Member Email: _____	
What community resources would you like us to help this member with? *Select all that apply.* ☐ Food ☐ Clothing ☐ Energy Assistance ☐ Employment/Vocation Support ☐ Redetermination Assistance* ☐ Reentry Services	☐ Rural Health Transformation Program: Smart Plate Nutrition Education Workshop ☐ HUSKY Health Member ID Card ☐ Parenting Workshops ☐ Baby Supplies ☐ Other: (please specify) _____

**CHWs can assist HUSKY Health members A, B, and D with redetermination applications.*
HUSKY C members must be referred to the Department of Social Services.

Signature: _____ **Date**: _____