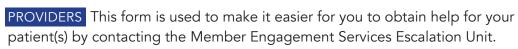
## Reach for Escalation Form





mit the completed form via: il: Reachforescalation@chnct.org • Fax: 203.265.3197	
der NPI:	
Provider Office Phone:	
2. HUSKY Member ID (9 characters):	
4. Member Current Street Address (Street/Town/Zip):	
6. Best phone number to reach the member:	
8. Would you like us to contact the member directly?  ☐ Yes ☐ No	
9. I would like to receive updates via: Fax Email Phone	
If assistance with locating a provider is needed, please complete #11-14	
11. If a specialist or ancillary provider is needed, what provider type(s) is needed? (e.g. cardiology, orthopedics, etc.)	
12. By what date? MM/DD/YYYY	
13. What is the member's diagnosis?	
14. What service(s) / procedure(s) / treatment(s) is needed?	
ner insurance that is no longer active or an eligibility issue, please complete #15	
☐ Transportation to medical appointments ☐ Other (please state)	
If you would like us to help with free or low cost initiatives or community resources, please complete #19	
19. What is the member having trouble with?  □ Food □ Energy Assistance □ Clothing □ Employment Vocational Support	
<ul> <li>☐ Clothing</li> <li>☐ Employment/Vocational Support</li> <li>☐ Shelter</li> <li>☐ Support Groups or Advocacy Agencies</li> <li>☐ Parenting</li> <li>☐ Other (please state)</li> <li>☐ I am not sure; please assess</li> </ul>	