

# Better Health Together (BHT) Community Care Hub – Partner Referral Form

BHT's Community Care Hub (CCH) partners comprise a network of service providers who can assist individuals and families with obtaining services and resources. These include access to: clinics and doctors, food assistance, housing & shelter, transportation, family support, support of substance use disorder, education & employment, connection and community and insurance & benefits.

BHT's CCH partners serve the following counties in Washington: Ferry, Stevens, Pend Oreille, Spokane, Lincoln and Adams. They also serve the Reservations of: The Kalispel Tribe of Indians, The Spokane Tribe of Indians, and The Confederated Tribes of the Colville Reservation.

**\*Required**

## Referring Partner Information

**Date of Referral:\***

**Referring Person's Name:\***

**DCYF Office Making the Referral:\***

**DCYF Unit Type (i.e., CPS, FAR, etc.):\***

**Referring Person's Phone Number:\***

**Referring Person's Email Address:\***

**Are you referring an older adult, or an adult with a disability seeking support to live independently?\***      Yes                  No

**Please indicate reasonable accommodations, if needed:**

**Permission from individual to place the referral?\***      Yes                  No

Once your individual is assigned a CCH service provider, they may complete a Release of Information (ROI) pertaining to the services they receive. You may request inclusion on the ROI in order to receive relevant service information.

**Request to include the referring partner above on the ROI obtained by the assigned CCH partner? (ROI not guaranteed)**                      Yes                      No

### Individual Being Referred

**First Name:\***

**Last Name:\***

**Famlink Case ID:\***

**This is a \_\_\_\_ case. Please select one:\***    CPS            FAR            CFWS            FRS            FVS

**Case Status :**    Open for DCYF intervention and ongoing services                      Closing/Closed

**Date of Birth:\***

**Phone Number:\***

**Email Address:**

**Is the individual unhoused?\***                      Yes                      No

**Residential Street Address (if applicable):**

**Suite or Apartment #:**

**City:\***

**State:\***

**Zip Code:\***

If the individual is unhoused, please share the zip code of the area they slept last night. For example, if they slept at House of Charity last night, you would input the downtown metro area zip code of 99201.

**Total number of household members (including the individual):\***

### Demographics

Collecting demographic data helps us understand different groups and better meet their needs. It allows us to adjust services and communication to fit each person and helps make sure people are referred to the right services for support.

**Preferred Language:\***                      English                      Russian                      Spanish                      Japanese  
French                      German                      Arabic                      Chinese                      Other:

**Race (check all that apply):\*** American Indian-Alaska Native Asian  
Black-African-American Pilipino Native Hawaiian-Pacific Islander  
Chinese White-Caucasian-Blanca Prefer not to answer Other

**Is this an ICW case?\*** Yes No

**Is the individual a tribal member?\*** Yes No Unsure

**If yes, which Tribe(s):**

**Is the individual's ethnicity?\*** Not of Hispanic/Latino/Latina or Spanish Origin  
Hispanic/Latino/Latina Prefer not to answer

**What gender they most identify with?\*** Male Female  
Non-Binary/third gender Transgender Male to Female  
Transgender Female to Male Two-Spirit Genderqueer  
Prefer not to answer Other

### **Additional Information**

**Preliminary resources/connections/community services identified (check all that apply):**

Connection& Community Educational/Employment support Food  
Family Support Housing Household Safety, Organization/Cleaning  
Insurance & Benefits Medical Care/Support Mental Health  
Transportation Utilities Substance Use Disorder Other

**Additional Information or Notes** (i.e., Best time of day to reach individual, best methods of contact, engagement strategies):