



Bridges to Health Pathways



Referral

All referrals should be sent:
via Reliance Referral System (Bridges to Health) or faxed to 541-397-0004

*Referrals should be sent for households or individuals who have expressed interest in learning more about or wanting to participate in the Bridges to Health Pathways Program.
*Clients being referred must live in Hood River or Wasco County

COMMUNITY MEMBER/CLIENT BEING REFERRED

Client or Parent/ Guardian Name: _____ Date of Birth: _____

Phone #: _____ Ok to leave a message? ____ Ok to text? ____ Email: _____

Contact preference: Phone Text Email Clients Gender identity: _____

Client's Physical Address: _____

Primary spoken language: English Spanish Other: _____ Does the client identify with a disability? Yes No

Client's Primary Care Provider Name: _____ Clinic Name: _____

Child/ Student Name: _____ Age: ____ School: _____ Date of Birth: _____

Child/ Student Name: _____ Age: ____ School: _____ Date of Birth: _____

REFERRED BY

Name: _____ Phone #: _____ Email: _____

Today's Date: _____ Agency/ School and your title: _____

BRIDGES TO HEALTH PATHWAYS PROGRAM CRITERIA

To qualify for the program, the answer to questions 1 and 2 below must be 'YES'

- 1- Client is struggling to access resources on their own: YES NO
- 2- Client understands this program provides support to help access services: YES NO
- 3- Services needed: (Must have **at least 2** from the below list. Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Housing Stability Resources | <input type="checkbox"/> Pregnancy/ Postpartum Resources |
| <input type="checkbox"/> Assistance with Overcoming Transportation Barriers | <input type="checkbox"/> Referral to get Health Insurance |
| <input type="checkbox"/> Utility Resources (medical phone, energy assistance) | <input type="checkbox"/> Childcare Resources |
| <input type="checkbox"/> Food Resources | <input type="checkbox"/> Substance Abuse Resources |
| <input type="checkbox"/> Clothing & Personal Items Assistance | <input type="checkbox"/> Primary Medical Care/ Dental Care |
| <input type="checkbox"/> Documentation (SS cards, ID, birth certificate) | <input type="checkbox"/> Medication Assistance Programs |
| <input type="checkbox"/> Developmental Referral (EI/ ESD) | <input type="checkbox"/> Referral for Smoking Cessation Programs |
| <input type="checkbox"/> Education Resources (GED, Parenting Ed, Financial Ed, Continuing Ed) | <input type="checkbox"/> Other: _____ |

Additional Information: _____
