







REFERRAL REQUEST FORM											
Σ	Organization:			Phone:					Fax:		
REFERRING FROM	Referring Party's Name:										
	Location: Bishop		BigPine Independenc		ence	Lone Pine Tec		copa Shoshone			
	Virtual		In Home								
REF	Date of Re	equest:									
TYPE OF REFERRAL	Inyo County	HHS:	IHSS	Soci	ial Services		FIRST	М	ental Health	l	
			Public	Health	Preven	tion	Aging/S	enior Serv	vices	SUD	
	Northern Iny	yo Hosp	ital:	Rural Health	n Clinic		Behavioral Hea	alth	SUD/MAT	Medical	
	Toiyabe:	Family	Services	Medical	South	nern In	ıyo Hospital	Other:			
	Inyo Co. Office of Education, Specify School:										
	Reason for R	Referral:									
CLIENT INFORMATION	Client Name:								DOB		
	If client is under 18 years old – Parent/ Guardian Contact Name:										
	Preferred Phone:						Interpreter Needed?		Yes No		
	Special Clien	nt Consid	derations	/Accomodat	ions Neede	۷٠	Language:				
	Special Client Considerations/Accomodations Needed:										
	Client Insurance Information (if needed):										
. N	Comments/Considerations:										
GENERAL FORMATIC											
ENE RM											
	Attach ROI if	needed	as well a	s other relev	/ant assessi	nents	, state forms, a	nd notes			
COVIDER REFERRAL CONFIRMATION	Referral	Yes		No	If no, ex		,,				
	accepted? Appointment		ulad with:								
	Appointment	Scriedo	ileu witii.				Date:				
	Client refused scheduling				Client prefers to contact specialist to schedule at a later date						
	Person completing confirmation:				Date :						
4	communation.										

INYO COUNTY HEALTH AND HUMAN SERVICES- Strengthening Resilience & Well-Being in our Community

Aging and Social Services delivers services that help ensure the protection of children, the elderly, and dependent adults; provides a safety net for individuals and families who need assistance with basic necessities, such as food, housing and health care; and helps people secure employment through education, training, job search skills, and job placement.

Aging Services FAX: 760-873-5103:Assisted Transportation, Family Caregiver Respite, Friendly Visitor, Home Delivered Meals, Home Maker/Personal Care Services, Telephone Reassurance, In-Home Supportive Services (IHSS)

Long-Term Care Ombudsman FAX: 760-873-4250

Social Services FAX: 760-872-4950: Cal Fresh, CalWORKS, CMSP, Employment Services, Homeless Assistance, General assistance, Medi-Cal

Child Protective Services (CPS) FAX: 760-872-1749, Phone: 760-872-1727:

Civil Rights Coordinator FAX: 760-873-6505 Confidential Phone/Answering Machine: 760-872-3273

Medi-Cal Fraud Waste and Abuse Reporting: 760-872-3273

Behavioral Health provides psychiatry, individual and group therapy, case management, and substance abuse services. This is dedicated to providing high quality and culturally responsive services to strengthen well-being and resilience through hope, healing, and support for individuals and families within our community. Provides education and treatment services for drug and alcohol abuse, focused on improving the client's ability to live independently and productively within the community.

<u>Grove Street Clinic FAX:</u> 760-873-3277 *attach proper ROI if needed*: Psychiatry, Therapy, Substance Use Disorder Treatment (SUD), Wellness Centers, Family Intensive Response Strengthening Team (FIRST)

Public Health and Prevention works to promote and encourage healthy behaviors, prevent epidemics and the spread of disease, improve early child development, prevent injuries, respond to disasters that impact the medical and health delivery system and assist communities in recovery, and assure the quality and accessibility of health services throughout the county. *Attach ROI if needed*

<u>Public Health Clinic</u> FAX: 760-873-7800:Immunizations, Flu Shots, STD Testing & Treatment, TB Tests, Pregnancy Tests, CMR

Prevention FAX: 760-872-1623: Tobacco Education; Mentoring Program,; WIC, First 5, Dental Prevention

NORTHERN INYO HEALTHCARE DISTRICT (NIHD)- Improving our communities, one life at a time. One Team. One Goal, Your Health.

Physical Health, Rural Health Clinic (RHC), Substance Use Treatment, Women's Clinic, Pediatric Clinic, transportation assistance, etc.

NIH Care Coordination FAX: 760-872--5845 Rural Health Clinic FAX: 760-873-2836

Women's Health FAX: 760-873-2750 Pediatrics FAX: 760-873-3266

SOUTHERN INYO HEALTHCARE DISTRICT (SIHD)-dedicated to maintaining and improving health of residents and visitors of the District through a coordinated health program, including acute inpatient and outpatient services, skilled nursing, education, referral services.

Clinic: (760) 876-4046 Emergency Room: (760) 876-9285

Toiyabe Indian Health Project- Delivering consistent, quality, equitable, and culturally appropriate care and services to our communities

Medical FAX: 760-873-3908 Family Services FAX: 760-873-3254 Lone Pine Clinic FAX: 760-876-5624