



COMUNIDADES LATINAS
UNIDAS EN SERVICIO

Date of Referral:

Cultural Broker Referral Form

Client Name:	Date of Birth:
Ethnicity: <input type="checkbox"/> Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	
Parent/Guardian Name(s):	
Address:	
Phone number:	
Does client have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral Source:	Relationship to Client:
Agency/Organization:	
Phone number:	Fax Number:

What needs do you hope the cultural broker will address? Check all that apply.

<input type="checkbox"/> County benefits	<input type="checkbox"/> Translation or Interpretation services	<input type="checkbox"/> Social Security benefits
<input type="checkbox"/> Nutrition/Food Access	<input type="checkbox"/> School-related services or meetings	<input type="checkbox"/> Transportation
<input type="checkbox"/> Accessing medical/dental care	<input type="checkbox"/> Increasing community involvement/reducing isolation	<input type="checkbox"/> Other (Please describe)
<input type="checkbox"/> Accessing behavioral health services	<input type="checkbox"/> Immigration	
<input type="checkbox"/> Social Security benefits	<input type="checkbox"/> Self-harm/self-injury	



Supplemental Information

What services or benefits are already in place for this individual/family?

Other information you feel would help facilitate this referral (important information about context; what's already been put in place or attempted):

Release of information included?

****Please note that coordination of services cannot happen without a release of information.**

Please email the referral form and release of information to:

Jessica Moran, Fairview-MHealth/CLUES Cultural Broker

Email: jmoran@clues.org Phone: (651) 379-4232