

 **Individual Referral Form – Rest Haven Children’s Health Fund**

 **Case #** Click here to enter text.

 **Account #** Click here to enter text.

**Name of Child:**   **Date of Birth:**

Click here to enter text. Click here to enter text.

**Parent(s) and/or Guardian(s):**

Click here to enter text.

**Address:**

Click here to enter text.

**Phone:** **Phone:**

Click here to enter text. Click here to enter text.

**Medical Diagnosis:**

Click here to enter text.

**General Category of Request:**

[ ] Medication or Medical Services

[ ] Dental Treatment (must attach dental treatment plan)

[ ] Medical Equipment

[ ] Non-Medical Equipment (car seat, bed, mattress, etc.)

[ ] Emergency Basic Needs (i.e. food, clothes, shoes, etc.)

[ ] Emergency Family Services (Must Impact Child’s Health)

[ ] Special Diet

[ ] Glasses

[ ] Therapy (speech, ot, pt, mental health, etc.)

[ ] Adaptive Equipment or Conversions

[ ] Other Health Needs

[ ] Funeral/Cremation Assistance

[ ] Camping Scholarship

**Specific Request:**

Click here to enter text.

**Reason for Request:**

Click here to enter text.

**Supporting Documentation:**

[ ] yes

[ ] no

**Total Amount Requested:**

Click here to enter text.

**Services Receiving:**

**Medi-Cal**

Click here to enter text.

**Denti-Cal**

Click here to enter text.

**Private Medical Insurance**

Click here to enter text.

**Private Dental Insurance**

Click here to enter text.

**Other Health Coverage**

Click here to enter text.

**California Children’s Services**

Click here to enter text.

**San Diego Regional Center**

Click here to enter text.

**In Home Supportive Services**

Click here to enter text.

**Vendor Information:**

**Vendor:**

Click here to enter text.

**Website or Mailing Address:**

Click here to enter text.

**Email:**  **Phone:**  **Contact Name:**

Click here to enter text. Click here to enter text. Click here to enter text.

**Referred By:**

**Name:**  **Title: Agency:**

Click here to enter text. Click here to enter text. Click here to enter text.

**Mailing Address:**

Click here to enter text.

**Email:**  **Phone:**

Click here to enter text. Click here to enter text.

**Office Use Only**

**Date Approved:**

**Date Denied:**