

**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:**