



Your community health worker can...

- Help navigate the healthcare system
- Connect you to resources (baby items, food, etc.)
- Help you understand insurance benefits and services

CLIENT INFORMATION

Full Name: Date of Birth: Race/Ethnicity:

Address: City, State, ZIP:

Phone: Email:

REFERRED BY

Full Name: Agency:

Phone: Email:

RISK FACTORS - CHECK ALL THAT APPLY

<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Legal
<input type="checkbox"/> Asthma	<input type="checkbox"/> Low income
<input type="checkbox"/> Childcare	<input type="checkbox"/> Medication Assistance
<input type="checkbox"/> Clothing	<input type="checkbox"/> Obesity
<input type="checkbox"/> Depression or other mental health concern	<input type="checkbox"/> Physically inactive
<input type="checkbox"/> Developmental delay of child in family	<input type="checkbox"/> Smoker/Tobacco user
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Stress
<input type="checkbox"/> Education assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Family history of child abuse/Neglect or involvement with CPS Family	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> history of heart disease/diabetes	<input type="checkbox"/> Child(ren) under age 18 living in the home
<input type="checkbox"/> Financial assistance	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Food	Estimated due date: <input type="text"/>
<input type="checkbox"/> Housing	# of Pregnancies: <input type="text"/> # of Births: <input type="text"/>
<input type="checkbox"/> Insurance	
<input type="checkbox"/> Job/Employment	

INSURANCE STATUS - THIS MUST BE COMPLETED

Medicaid Medicare Unknown

Plan Name:

Plan Number: Private Insurance Uninsured

ADDITIONAL INFORMATION:

By signing here, I consent for (referring agency) to share the above information with the Northwest Ohio Pathways HUB for the purposes of enrollment into the Pathways program.

Print Name: Signature: Date:

EMAIL: PATHWAYS@HCNO.ORG | FAX: 419-842-0999

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