



Promise
Health
Plan

CULTURAL & LINGUISTICALLY APPROPRIATE SERVICES REFERRAL REQUEST FORM

Providers: Complete sections A-C and fax to the Cultural & Linguistics Department at (323) 889-5407

A. Patient Information				
Member Name:			Gender	<input type="checkbox"/> Femal <input type="checkbox"/> Male <input type="checkbox"/> Other
Member Address:			City:	
Zip Code:	Phone: ()	DOB:	Language Spoken:	
B. Provider Information				
Requested by:			Date of Request:	
Provider Name:		Phone: ()	Fax: ()	
Finding:				
Comments:				
C. Referral Information				
Service Requested				
<input type="checkbox"/> Social Service	<input type="checkbox"/> Support Group	<input type="checkbox"/> Community Based	<input type="checkbox"/> Other:	
Topic				
<input type="checkbox"/> African	<input type="checkbox"/> Parenting	<input type="checkbox"/> Cultural	<input type="checkbox"/> Stress/Depressio	<input type="checkbox"/> Youth/Teen
<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> ESL Classes	<input type="checkbox"/> HIV/STD	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Visually
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Sexuality Issues	<input type="checkbox"/> Domestic	<input type="checkbox"/> Employment	<input type="checkbox"/> Hard of
<input type="checkbox"/> Armenian/Russia	<input type="checkbox"/> Adoption/Foster	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Immigration/Legal Assistance	
<input type="checkbox"/> Other:				
Comments:				
D. Service Information				
Title of Program:		Date:	Time:	
Program Location:				
Address:		City:	Zip Code:	
Program Contact:			Phone: ()	
<input type="checkbox"/> Unable to contact Member		<input type="checkbox"/> Will attend program		
<input type="checkbox"/> Member was contacted on:		<input type="checkbox"/> Refused program		
Instructions/Comments:				
E. Follow-Up				
<input type="checkbox"/> Member attended program		<input type="checkbox"/> Member did not attend program		<input type="checkbox"/> Information not available
Comments:				

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